# Lecture
ON
## ANTISEPTIC OSTEOTOMY
FOR
## GENU VALGUM, GENU VARUM,
### AND OTHER OSSEOUS DEFORMITIES.[1]

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IN THE LANCET of March 30th, 1878, I published a clinical lecture on Antiseptic Osteotomy, detailing four cases and five operations. In it two distinct methods of operating for the relief of genu valgum were mentioned, both being practised on the condyloid extremity of the femur, beginning on the inner side. The first described the removal of a V-shaped portion of bone, the second consisted in a simple incision without removal of bone. Subsequent writers, in criticising this paper, have confined their observations solely to the first method of operating, overlooking altogether the second. In one instance a surgeon advances a very similar operation, if not one which is identical to the latter described by me; and though he remarks on the first method of operating, he in no way refers to the other. Partly with a view of elucidating these matters, but chiefly in order to present the experience gained by more extended observation, this paper is dictated.

I have now operated on over forty limbs, and have performed over fifty osteotomies, without a single fatal case. Of these over thirty have been for genu valgum, the remainder being for genu varum, rickets, and angular anchylosis of knee-joint.

I beg first to direct attention to genu valgum. Knock-knee consists of the too great protrusion inwards of the lower limb at the knee-joint. The deformity differs widely in degree—in some cases consisting merely of a slight inward inclination, while in others the angle formed is so great as to render the patient incapable of walking or standing for more than a very few minutes, and even during that time causing great pain. The latter amount of deformity was well illustrated in some of my cases, as the one first operated on. It is seldom or very rarely congenital; it commonly arises, or at least becomes manifest, at the time when the child is first allowed to walk, and it very often shows itself during dentition. It may, however, not come on until the period of adolescence, or even later. Those few cases that occur late in life—after twenty-five years of age—are seldom accompanied by osseous deformity, but are due to the laxity of the ligaments. Its etiology points to a primary constitutional weakness, or temporary debility, and to a relaxed and atonic state of the muscles and ligaments. The periods at which it most often occurs show this—namely, dentition and adolescence. It has many times followed an acute illness, such as scarlet fever. A large, heavy body, taken in conjunction with the above, aids in its formation. It sometimes occurs in a semi-paralytic limb, and it is then seldom more than a relaxed state of the soft parts.

It is difficult to say on what physical force the initial inward inclination of the knee depends. There are several ways in which the primary physical tendency may arise. First, children, when beginning to walk, separate their feet widely the one from the other, and, as a consequence, throw considerable strain on the internal lateral ligaments of the knee-joint; if these are weak, or the body of the child heavy, elongation of these ligaments would be apt to ensue, and so the tendency to the development of knock-knee would be laid. Again, talipes valgus, though often looked on as a result, may in some cases be legitimately regarded as a cause of genu valgum; and, short of this pedal deformity, non-attention to the boots of those children who wear the inner side of the heels might supply the inward initial inclination. Whatever may be the opinion regarding the inward initial physical causation, there can be little dubity concerning the actual condition of the parts, after the knock-knee has been formed. In this two conditions are recognised. The first, often preliminary to the other, consists of a laxity of the ligaments on the inner side of the joint, some holding that this is aided by a contraction of the biceps tendon. I am inclined to believe that the structures on the outside of the joint become contracted as a result, though when they have thus become contracted they will help in maintaining the deformity. This first condition is one which is confined to the soft parts. The second state is one of osseous deformity, the internal condyle being elongated beyond its natural limits, and out of proportion to the external condyle. This elongation of the internal condyle sometimes reaches a vertical inch beyond the internal. An easy way of showing the presence of this osseous deformity is to flex the limb of the patient, when the lower leg comes into a line with the thigh; again straighten it, and the vertical elongation of the condyle restores the genu valgum.

The French school attributes the lowering of the internal condyle to the lateral incurvation of the lower third of the femur, and if this is so, it affords an additional reason for rectifying the deformity in the lower third. Now, many recognise this lowering of the internal condyle as the only feature in this condition, but it must be remembered that the soft tissues, although they play a secondary part, are yet important factors to be considered, especially in view of remedial measures. The internal lateral ligament has been stretched, and, therefore, as far as the internal aspect of the joint is concerned, the inner condyle is the only part to be considered. On the external aspect, owing to the distance between the lower limb and the femur being lessened in genu valgum, the external lateral ligament will be shorter than in the straight position, and so likewise, but not to the same extent, will be the popliteus muscle and the biceps tendon. The more aggravated the deformity, the greater will be the shortening of these structures. Under ordinary circumstances, the popliteus is a rotator inwards of the lower leg on the knee, but being fixed to the extremity of the external condyle, it will tend to pull this part backwards and downwards, and consequently, were the internal condyle removed and straightening of the limb resorted to, the inner portion of the cut osseous surface on the femoral shaft would be apt to be tilted forwards by this muscle, while the internal condyle would remain slightly behind. The biceps has been spoken of as a cause of this deformity, and some have divided it along with other structures for the relief of this affection. It is not likely that the biceps would produce this deformity, at least from any central origin, seeing that it is supplied by the same nerve as the internal hamstrings.

In rickety cases the tibia is affected in various ways, often in the shape of a transverse thickening about the spine. On the inner side of the tibia there are sometimes one or more projections, in the shape of little protuberances or spines, which my colleague, Dr. Clark (lecturer on anatomy at the Royal Infirmary), believes to be the seat of the insertion of the internal lateral ligament, the bone being thus deformed in consequence of the continued strain upon it. Those who have been subject to knock-knee for long periods have peculiar modes of placing the foot on the ground. Some have a marked talipes valgus, many have something akin to varus, and in most bad cases the toes grasp the ground, this being apparently brought about by the continued effort of the person to steady himself while walking or standing. In some cases of long-standing genu valgum the toes cannot be far extended without much effort.

Genu valgum may thus be divided into two kinds, the one in which the deformity is confined to the soft parts, the other in which it is principally osseous, but which has certain important ligamentous contractions on the outer side of the joint. The former is amenable to treatment by splints, bandage, tenotomy, &c.; the latter can only be dealt with by some procedure which will rectify the osseous deformity and the contracted soft parts.

Since the publication of my first paper on osteotomy for genu valgum, several methods have been advanced. Lately Jackson, of Wolverhampton,[2] has proposed to divide the soft structures on the outside of the joint, and then to straighten the limb. This procedure would, no doubt, suf-

[1] This lecture was delivered before the Medico-Chirurgical Society, Glasgow, on Dec. 6th, 1878. Dr. Macewen then showed a dozen patients who had been subjected to osteotomy, the majority of whom had been affected by genu valgum, a few with genu varum, and one with rachitis.

[2] British Medical Journal, September 28th, 1878.

fice in cases where the internal condyle was not the chief factor in the deformity. But where there is osseous malposition, the mere division of these ligamentous and tendinous parts would fail in rectifying the deformity, unless it were coupled with removal of the internal condyle, or by incision elsewhere.

There are several methods which deal with this osseous deformity. M. Delore, of Lyons, does so by what he terms the *décollement des épiphyses*. He effects his end by *brisement forcé*, or a process of forcible straightening. The knee of the operator, placed against that of the patient, acts as a fulcrum, and the patient's limb is broken over this. The time required for this *redressement brusque* is from five minutes to half an hour, and when the surgeon is tired he is to be replaced by an assistant. Looking at this operation *à priori*, it appears that the fracture of the bone is a little haphazard, and if so would in some instances produce unsatisfactory results.

On the faith of M. Delore's recommendation I tried the procedure in two instances. In a lad of eighteen years I found it impossible to fracture the bone in the manner described, even with the help of an assistant, and while exercising all the force we could bring to bear on the limb. In the other, a boy of five years, the limbs yielded after considerable force had been applied, and they seemed to give way at or about the epiphyses of the femur. In this way the limbs were made straight, but not so straight as after the operation which I generally practise. After the bones were found to have united, the deformity was still slightly present, and he was instructed to return in a few months to have them rectified by the chisel. I speak of Delore's operation with this limited experience, and without having seen him personally apply it. Had this operation been performed in non-antiseptic days, it would have had a very great advantage over any cutting operation. But with strict antisepticism, the compound fracture or osseous incision is reduced to a simple one, and therefore the incision is, in this respect, quite on a level with the simple fracture. Granting this, then, there is the fracture of the bone at haphazard, which one has in the *redressement brusque*, to be compared with its division with mathematical accuracy afforded by the chisel. Of the two, I clearly prefer the latter.

Next there is the class of osteotomies, which are divisible into two: those which aim at a separation of the internal condyle; and the one which I advanced, the division of the condyloid extremity of the femur. There are various procedures for the removal of the internal condyle. Ogston separates the internal condyle by Adams's saw, and Reeves does so in Ogston's line by the chisel. The saw freely enters the joint, and is liable to deposit in its interior bone-débris and blood. The chisel, when used so as to make *an incision only* in Ogston's line, is also very apt to enter the joint, and post-mortem experience shows that it is extremely difficult to divide the bone down to the articular cartilage without permitting the chisel to pass through that structure, so that in the living body it would take indeed a very precise and delicate adjustment to accomplish this end. Even supposing this delicate manipulation were successful, and the instrument did not enter the joint, the articular cartilage, the elasticity of which is limited, would snap, and does snap, when forcible straightening is resorted to, and, if the deformity be severe, a considerable hiatus will be left on the articular surface, just as in Ogston's operation. Whether by saw or chisel, the separation of the internal condyle has, besides the mere fact of opening the joint, three objections, which are all the more pronounced if the cases are severe. It produces an irregular articular surface, a sharp projection of bone on the inner side of the knee (caused by the sawn or chiselled surface being pushed upwards), and it leaves untouched the strong ligaments and tendons on the outside of the joint, which help to retain the limb in its deformed position.

It may be said that through time the gap in the articulation will be filled up, and the sharp internal angle will be rounded; both of which I grant, provided they do not produce mischief in the first instance, and I prefer not to court these risks and disadvantages gratuitously, all the more so as they may be avoided by another method.

In considering these two osseous defects, I saw that they might be easily remedied by the removal of a wedge of bone in the same line. By chiselling out an accurate wedge in Ogston's line, the articular cartilage forming the apex, the separated part of the internal condyle may then be folded up on end, when it becomes flush with the shaft; and, no strain being put on the cartilaginous apex, it does not snap, and the joint is not opened. This operation I performed several times post mortem, and, after satisfying myself as to the facts, the operation was carried out in a case of double knock-knee. This was done on May 10th, 1878,[3] and it gave a satisfactory result, but, on the whole, not such a perfect one as is obtainable from the practice of operating through the condyles. For those who prefer the separation of the internal condyle this operation would in those respects be better than the separation of the condyle by saw or chisel, with its consequent defects. It is, however, like all other operations for the separation of the internal condyle, open to the objection of leaving the strong ligamentous and tendinous structures on the outside of the joint as forces to act in preventing the perfectly straight position being obtained without the additional operation of tenotomy, or forcible rupture of the parts.

These defects are obviated by transverse division through the expanded portion of the shaft immediately above the condyle. In my former paper two distinct methods of osteotomy for genu valgum were mentioned—the one by simple incision, the other by removal of a wedge. The former was the procedure adopted in my fourth case mentioned in that lecture, and, with few exceptions, it is the one which has been carried out by me since. The operation is conducted in the following manner. While the limb is extended, a point is taken slightly above the level of the upper margin of the patella; or, as my late house-surgeon, Dr. Symington, shows, a more fixed point would be the uppermost part of the external border of the patellar articular surface, which can easily be felt beneath the skin; a line drawn about half an inch above this would represent the incision in the bone, the chisel being inserted straight across the femur in that line. While the limb is extended, a longitudinal incision is made in front of the tendon of the adductor magnus, the middle of the incision corresponding to the transverse line just spoken of. The length of this incision is slightly greater than the breadth of the largest chisel to be used. The division of the soft parts ought to be completed at one stroke, the scalpel passing at once to the bone. Besides the skin and cellular tissue, only a few fibres of the vastus internus are divided. The chisel is then introduced, and, after getting it into position, it is convenient to notch the bone slightly by pressing the instrument with the hand firmly against the bone; in this way a line is drawn on the inner side of the femur as a guide for future applications of the chisel, as the instrument is not so broad as the antero-posterior aspect of the bone. For the same reason, it is convenient to divide in a systematic manner the bone from either the posterior or anterior end, the groove in the femur serving as a guide. When making the incision on the posterior border, it is well to depress the handle of the chisel, so as to cut outwards and slightly forwards. In this way the risk of wounding any of the soft parts is avoided. The femoral incision ought to be effected with as few withdrawals of the instrument from the wound as possible. In making the incision in the bone the limb is generally kept extended, but some think that by flexing the knee the vessels are thrown further away from the seat of operation. Generally, surgeons, in practising this operation for the first time, make the incision through the centre of the shaft very well, but they leave a little portion of the bone in front or behind undivided, when they experience difficulty in fracturing the outer layer. If attention be directed to this, the shaft is easily divided. Before attempting to fracture, the bone ought to be divided for over two-thirds of its thickness, and the smallest chisel may advantageously be carried further, so as to give direction to the fracture. If any attempt is made to fracture when the osseous incision has only penetrated to one-half of the femoral thickness, there is then a risk of the internal condyle being broken off, the fracture running from the incision toward the inter-condyloid notch. If this happened, there would be the same tendency to leave an irregular articular surface as there is in the operation of sawing or levering off the internal condyle. If the separation of the internal condyle were carried out in this way, it would have the advantage of offering no risk of the instrument entering the joint, the chisel running parallel to the condyles of the femur. In one case, where this was intentionally carried out, it gave a comparatively good result.

[3] Reeves separated the internal condyle by the chisel on May 11th, 1878.

I, however, do not recommend this procedure, as among certain disadvantages it has those belonging to the separation of the internal condyle by other methods. The separation of the condyle in this way may be easily avoided by following the above instructions—the division of the femur for more than two-thirds of its thickness before attempting to fracture. In making the incision through the bone, if the deformity be slight, a single chisel may be used, and if so it ought to be made to divide the bone without being withdrawn. If the deformity be greater, two or three instruments of varied thickness may be used, the first being the thickest, the second thinner, and the third the thinnest of all. In this way a wedge-shaped opening is made without removal of bone. If the deformity be still greater, the wedge opening may be enlarged by *gently* levering aside the soft bony tissue. This levering aside is best done after the incision is completed, and with the instrument fully into the aperture. It may be seen that this levering aside would do away with the necessity of using so many instruments, the compression of the bone being substituted for the varying thickness of the chisels. It is thus seen that no bone is removed, and, what is of still greater importance, the wedge-shaped opening is made, on the inner side, of only half the size required for the rectification of the deformity; the other half is obtained from the outer side of the bone. If it be remembered, the incision goes in to fully two-thirds of the femoral transverse thickness, the remainder of the bone is snapped or bent. In so doing, the apex of the osseous incision acts as a fulcrum, and as the bone is bent round so as to fill up the internal wedge, the outer layers of bone are either well stretched or a wedge-shaped hiatus is left. In this way both the outer and the inner side of the bone contribute to the formation of the wedge. If a complete wedge were removed, the apex being at the external layer of bone, then there would be no hiatus left on the outer side. It would, however, be open to two disadvantages: first, it would be difficult to do; secondly, it would be difficult to cut the exact size of the wedge to be removed. On the other hand, if a simple incision is made, the deformity is rectified at the expense of the outer side entirely. This does very well where the deformity is slight, but where severe, it would allow the deformity to be entirely rectified by the outer side, and the wedge so formed on the outer side might be greater than could be firmly filled up. But by the division of the bone in the way described by me, a very slight wedge being formed on the inner side enables the bone to be fractured more easily than if the bone were simply divided by an extremely narrow and fine chisel; secondly, it divides the wedge between the outer and the inner side, leaving the portions to be taken from the latter to be determined by the amount of straightening necessary to make up for the deformity; thirdly, this small hiatus or rarefaction of the osseous tissue on the outer side will be more quickly and firmly filled up, and the periosteum is retained, though stretched over this slight separation. This would not be the case if the gap made were large, as the periosteum would then tear. I believe also that this method will make a more seemly limb than by taking a large wedge from the inner side, or by forcing out a wide gap on the outer.

Some, in criticising this operation, have expressed a fear about the effects of separating the epiphyses, lest the growth of the bone would be arrested. If this operation were through the epiphyses I would not entertain any apprehensions of this kind, from, among other reasons, the fact that Delore has separated the epiphyses in over two hundred cases without bad result. But the line of incision indicated in my operation is clear of the epiphyses—being above it, through the expanded portion of the lower third, or condyloid extremity of the femur,—and therefore cannot in any way be liable to produce such a result. Again, the line of incision being above the insertion of the external lateral ligament and the popliteus tendon, these structures are moved along with the external condyle, and in no way interfere, but rather help in rectifying the deformity.

This operation, then, does not remove any bone; it neither enters the joint nor interferes with the epiphyses; it rectifies the deformity by simple incision, making a compound fracture, which, under antiseptics, may be considered a simple one. This is the operation which I advanced in my former paper on Antiseptic Osteotomy (in THE LANCET), and which, after having tried various other methods, I still adhere to.

I now wish to refer incidentally to another procedure which had been tried in some very bad cases, especially in rickety subjects, and which may yet be legitimately practised in exceptional cases. On April 24th, 1878, having divided the femur by a single chisel, I found that, though the limb was nearly straight, it was not quite perfect. I therefore divided the tibia below through the spine. This was found quite sufficient to rectify the remaining deformity. In several of my earlier cases this was carried out, but for a considerable time past I have found the femoral incision above described to be ample for all purposes, giving perfectly straight limbs, even in markedly deformed cases.

In a paper published on May 25th, 1878, Mr. Barwell relates a case in which he had to divide both tibia and fibula, and proposes these operations for certain cases of knock-knee. I have never found it necessary to divide the fibula in knock-knee, nor have I ever seen a case that required it. The fibula is not articulated to the femur, but to the tibia, and therefore, as a bone, can have nothing to do with the formation of knock-knee. It is a long slender rod, and readily bends to suit any slight opening made in the tibia. Its head, giving attachment to the external lateral ligament, might offer a point of resistance, but its shaft is so easily bent in young subjects as to afford a considerable yielding. Though I can scarcely see the possibility of a case of knock-knee requiring its division, yet, if such did present itself, it would be easy to snap the fibula, at the same time as the tibia is bent upwards after division, thus making a simple fracture of this thin rod, as I do in genu varum.

With regard to the wounds, they are not more than three quarters of an inch in length, and sometimes less. The wound on the inner side of the femur never requires a ligature; a little pressure with a sponge after the elastic band is removed is sufficient to stop the oozing. Formerly a catgut drain was inserted; now this is dispensed with, and the wound is dressed in the usual antiseptic method. When thoroughly healed the wound presents a faint white line, about half an inch in length.

I have now operated on thirty-three limbs affected with knock-knee, the majority by the femoral incision alone, and in all the results have been highly satisfactory. There have been thirty operations performed by my method by six Glasgow surgeons; and if their figures be added to my own, these present over sixty operations for genu valgum by this method, without a single untoward result. I operate on both limbs at once, and in those exceptional cases where the tibiæ were divided as well as the femora, four osteotomies were performed at once. The majority had only two operations performed on them—one on each femur. The temperature was taken night and morning in the rectum, and with two exceptions it never rose above 100·8°, and generally averaged about 100° during the first week. In these two exceptions the temperature several times reached 103°, but this was generally due to some gastric disturbance, easily reduced by purgatives. It must be remembered that the temperatures were rectal; a degree of difference is supposed to exist between the axillary and the rectal. In no case was there the slightest inflammatory blush round the wounds. At first I put the limbs up in paraffin, because I considered that they might require frequent dressing. Now I regard them almost as simple fractures, and they are put up in ordinary splints. In some cases, where there has been an oozing of blood from the osseous surface, the dressing has been changed at the end of twenty-four hours. If there has been no discharge of blood the dressing is not touched. In either case that dressing is then kept on for fourteen days, without the limb being in any way disturbed; assurance that everything is right being afforded by the three facts—viz., freedom from pain, a moderate rectal temperature, and no discharge appearing on the dressing. When looked at after fourteen days have elapsed, the wound is superficial, delicate epithelium covering the organised blood-clot. Sometimes, however, there is a thin layer of soft yellowish lymph over the wound, or perhaps a shrivelled layer of blood-clot. The dressings are reapplied, and removed finally at the end of other two weeks, when the wound is found to be firm. Thus, in many instances, two dressings are sufficient; in some, the same material being kept on till the end, with the exception of renewing a small internal part. The splints are removed at the end of five weeks if the bones are found firm, which they generally are by that time. The patient, however, is not allowed to get up till the end of the fifth or sixth week. He might get up sooner, but I have not entered the race some surgeons seem to be running, in finding out the earliest time the patient could risk movement or rising from bed,

being quite content to make the result certain, even at the expense of a week or two longer. Passive movements are begun in the ankle during the first week, and during the second the patient is made to move his toes and ankles, thus causing slight movement of the knee itself. On the fourth week slight movement of the knee is begun.

When both limbs have been operated on, a bed is arranged with a sliding middle portion opposite the gluteal region, so as to facilitate the use of the bed-pan, &c. This answers well, the limbs remaining undisturbed. The splint used is a modification of the half-box, with the outer part carried up as a long splint and fixed to the patient's body if he is restless. A bandage is applied from an inch or two below the knee to the upper part of the thigh. The lower limb is left free and the external malleolus is well padded with a thick fold of lint, so as to throw the ankle inwards.

The results, as I have stated, have been very satisfactory, the patients being able to walk with straight limbs, supple joints, and most of them can walk to a considerable distance without fatigue. The first patient operated on, now over eighteen months, could neither walk nor stand for more than five minutes before the operation, and was in a very delicate state of health. When put on his back, and his knees placed together in bed so that they touched, there was a distance of nineteen inches between the internal malleoli. You now see him here, a strong, healthy-looking lad, who informs me that he walked one day lately from Glasgow to Uddingston and back, a distance he reckoned of about fourteen miles, and that without undue fatigue. Another lad, the most weak of the whole, walks a distance of four miles daily from and to his work. The greater majority of the patients operated on have been about fifteen to eighteen years, and in choosing patients for the operation the most suitable age is from eight or nine to twenty years. Of course the deformity may be rectified at an earlier as well as at a later age, but I think that patients from eight to twenty will give the best results.

Reference has been made to the fact that in some instances there is a turning of the foot on its outer side, causing an awkward gait, the toes tending to clutch the floor. After the knock-knee has been corrected, this, as a rule, passes gradually off, especially on exercise—walking and moving the toes. For some time after getting up, after both limbs have been straightened, some state that they feel as if on stilts. This soon passes off. Most patients are rendered several inches higher by the operation.

This paper has already extended to such a length that it leaves little room to do more than mention one or two facts regarding the other deformities included in the heading. I have had five cases of bow-legs, all of which presented the point of greatest curvature just at the lower part of the tibial spine. In these I have divided the tibia on its outer side, and, after doing so, made a simple fracture of the fibula. In four of these the results leave nothing to be desired. One case, has, however, been unfortunate, and ended in amputation, gangrene having set in in the toes. The causes which led to this I do not feel myself justified in mentioning at present, but this I will add, that it had nothing to do with the mechanism of the operation.

There are three of those who had been operated on for genu varum here this evening, and all of these can use their limbs freely and walk and work perfectly.

A number of cases have been operated on for anchylosis and rickety deformities; in some of the latter wedges had to be removed, in others the simple incision was sufficient. On one occasion six osteotomies were performed at once on one limb. This patient had a rectal temperature of 102° the first night, the second 100·5°, and afterwards it averaged between 99° and 100° for the first week. The wounds all healed without pus being formed, and the patient recovered with a strong limb. (This patient was shown.)

Altogether I have operated by osteotomy on forty limbs, and have performed over fifty osteotomies without a single fatal case.

Before concluding I would like to make one or two observations regarding Mr. Barwell's paper in the *British Medical Journal* for May 25th, 1878, in which he refers to the first operation described by me, but takes no notice of the second procedure, published in the same paper—that of simple osseous incision; although he advances a very similar operation. Not only so, but, in reply to a note sent by Mr. Barwell prior to the publication of his paper, there is the following sentence: "Under some circumstances I remove a wedge of bone; under others I only make an incision with graduated chisels." Though Mr. Barwell quotes from this letter in a foot-note in his paper, he yet does not mention the above sentence. In the same note, which is dated May 12th, 1878, the following is stated: "When making the oblique incision, I do so in the line indicated for Ogston's operation; but I obviate the serious objection to Ogston's operation by removing a wedge from the inner condyle, and only bending the part of the bone next the articular surface. In this way the sharp angular projection of the upper part of the inner condyle—which is formed after it has been severed across, as Ogston describes—is taken away; and, what is equally important, the joint is not opened into, and the articular surface is not interfered with." The operation referred to here was done on May 10th, 1878; Mr. Reeve's operation of simple division of the internal condyle by a chisel was performed on May 17th, 1878.

In THE LANCET for March 30th, 1878, I stated that the first osteotomy performed by me was the first antiseptic osteotomy performed in Britain; this has been accepted. But I believe that the second antiseptic osteotomy and the first for knock-knee were performed by Lister during the winter session 1875–76. This latter fact was previously stated in my paper.

## ON THE TREATMENT OF DIPHTHERIA.

By D. DE BERDT HOVELL.

THE importance of giving a brisk calomel purge at the outset of diphtheria is, perhaps, not sufficiently recognised and acted on. Local applications are certainly useful, and the favourable effects of tonic medicines are a strong contrast to the very unfavourable, I had almost said disastrous, consequences of any contra-stimulant medicine. The necessity for the liberal and frequent administration of nourishment and stimulants is indicated by the great tolerance, or rather capacity, of the system to receive them; but, all said and done, we are still fighting an unseen and treacherous enemy, and are face to face with the fact that, until the expiration of twelve or more days, we are not secure from the fatal effects of a fresh deposit.

The late Mr. John Scott used to treat severe cases of cynanche with "a scavenger"—viz., calomel, jalap, and scammony, after which they usually got well. Looking at a diphtheritic throat one day, I said to myself, Why should I not give this patient a scavenger? I did so, and remarked that the subsequent course of the disease was certainly cut short. I have since adopted the plan, and invariably found that the same good results have followed; the tendency to fresh deposits has much diminished, and in many cases is wholly prevented. I can call to mind more than one case in which the attempt at a fresh deposit was clear, but very feeble.

Unhappily I have seen a good deal of diphtheria at different times since its appearance in this country about twenty-two years ago, and have treated it, on the whole, not unsuccessfully, but it was only about a year ago that the above circumstances almost accidentally forced the conviction on my mind that *elimination of the poison* ought to be the first object in treatment.

How this elimination takes place through the bowels, I know not, but diphtheria is a disease of blood-poisoning, and there is no reason why the poison should not be eliminated through the bowels any less or more than in enteric fever—in throat fever than in bowel fever. I cannot refuse the evidence of my experience that since I have adopted the practice of purging at the outset the course of the disease has been invariably more favourable, nor the testimony of those who declare that the dejections thus produced are abominably offensive. At any rate, the practical effect of "the scavenger" recommends itself to my mind in a much higher degree than the scientific inaction of temporising and waiting till the disease has run its course, however masterly such inaction may appear; or than the inferior, but by no means futile plan, of trying to neutralise the effects of the poison. Invaluable as the scientific knowledge is, it ought not to stop short, nor rest content, without improvement in practice.

Elimination, then, (1) through the bowels, (2) through the kidneys. Chlorate of potash drinks should be given frequently, incessantly. Where the nose is affected, the

same solution or that of permanganate of potash should be drawn up frequently through the nostrils, so as thoroughly to cleanse them. When the patient cannot swallow, nutrient enemata should be given four times a day; not too frequently if they are to be retained. For this, nothing is better than Dr. Munk's mixture, a tumblerful of milk gruel, a new-laid egg, a tablespoonful of brandy. By following this plan a boy under the joint care of my partner, Dr. C. Kingsford, and myself, twenty years ago, recovered, although he swallowed nothing for sixteen days, and severe paralysis, or rather paresis, ensued. He is now a fine, strong man.

Possibly the adverse effect of depletory treatment has tended to deter from the administration of an aperient; but in this, as in many other instances, debility is a bugbear. In one severe case I had to give three doses of calomel and jalapin, and follow each dose with a black draught, and even then it was necessary to add one ounce of castor oil. The relief was as marked as the amount of aperients required to obtain it. The nourishment, stimulants, and tonics given subsequently seemed to be all the more thankfully received and gratefully recorded.

The tendency to rheumatism after even a slight attack of diphtheria should never be lost sight of. Possibly this is due to excess of fibrin in the blood; but of the fact I have certain experience.

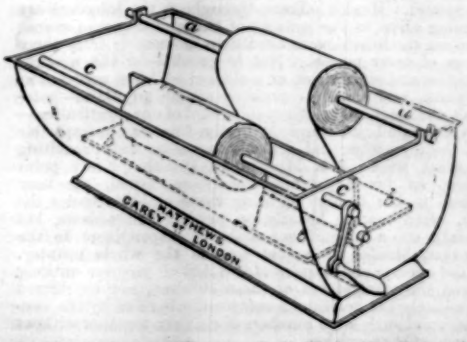
Five Houses, Clapton, Middlesex.

## THE TREATMENT OF POTT'S DISEASE OF THE SPINE.

BY THOMAS JAMES WALKER, M.D. LOND.,
SURGEON TO THE PETERBOROUGH INFIRMARY.

IN a communication on the treatment of Pott's disease of the spine by a gutta-percha jacket, applied in the recumbent posture, published in THE LANCET of July 7th, 1877, I suggested the possibility of applying a casing of gum and chalk on a many-tailed bandage. The suggestion of this material requires correction, as gum and chalk, taking many hours to set, is not adapted for such a purpose. Since writing that communication I have, however, proved by experience, and have on several occasions demonstrated to large numbers of my medical brethren, the facility with which, on the principle then proposed, a plaster-of-Paris jacket may be applied in the recumbent posture, giving all the advantages of Sayre's method, and avoiding the serious dangers and inconveniences of suspension. I have devised the little apparatus here figured (Fig. 1) for charging the

FIG. 1.




bandage with plaster. The trough is filled with plaster-of-Paris mixed with water, to which gum has been added, to retard the setting long enough to admit of the necessary manipulation. For a full-grown child, five pounds of plaster-of-Paris, forty ounces of water, and five ounces of mucilage (B.P.), are about the quantities required, and whatever may be the quantities, these are the proportions in which the materials should be used. About forty yards of Victoria lawn bandage will be required. Three bandages, each nine or ten yards long, may be placed at the same time on the spindle, *a*, *a*. The ends are carried through the plaster under the fan roller, *b*, *b*, *b*, to the spindle, *c*, *c*, on to which the bandages are wound, causing the roller to turn, stirring the plaster, and splashing it over the bandages, so that they become thickly charged. A bandage thus charged is removed from the machine by withdrawing the spindle, *c*, *c*. It is laid out in slips cut to a suitable length on the bed; each slip overlapping the one below it two-thirds of its width. When a sufficient number of such slips have been laid down to form a jacket reaching from the hips to the axillæ of the patient, another similar layer is laid on the top of it; and for a very strong jacket a third stratum may be superimposed. The patient, clothed in a close-fitting knitted or merino shirt, lies down on the slips, which are then folded over the front of the body, seriatim, as usual with a many-tailed bandage—first the layer last laid down, the last slip to be folded over being, of course, the first laid on the bed. In consequence of the addition of gum, ample time is afforded for these manipulations before the jacket becomes hard. There is time to turn up the edges, to cut and turn over a portion under the axilla, and in other ways to adapt the shell to the requirements of the case. The slips may be laid so as to modify the form of the jacket to an extent which is not possible when the bandage is wound round the patient.

This figure (Fig. 2) is from a photograph of S. W——, aged

FIG. 2.

twenty, the subject of angular curvature, the fifth dorsal being the most prominent vertebra. The jacket was applied as I have described, and the ends of the slips crossing over and being brought as high as the top of the sternum, the jacket is of double thickness down the front, thus giving a strong anterior splint, reaching the whole length of the trunk as high as the top of the sternum, and making it absolutely impossible for further bowing of the dorsal spine. No pads were used over either abdomen or breasts in the application of this shell, nor do I ever find them necessary; and the patient, who has worn the casing for two months, tells me that she is comfortable, and that she is not conscious of wearing any apparatus except from her inability to bend her back in stooping.

The illustration shows the special applicability of my method of making the rigid shell to cases in which the curvature is situated high up in the spine. Where the disease is seated in the cervical vertebræ the jacket may be applied in the same manner, two iron eyes being fixed in front in the middle line, into which is slipped the leg of a Y-shaped splint, the upper arms of which, directed up on either side of the neck, are perforated at their extremities so as to allow an elastic band to be stretched across. On this the chin rests so as to carry the weight of the head, taking the place of the hands of the patient, which are so con-

stantly used to support the chin, and prevent the head from falling forward. Or, if preferred, the jurymast apparatus recommended by Sayre may be adopted as readily as when the patient is suspended during the application of the bandage. I believe that if I was somewhat singular when, eighteen months since, I advocated and practised the use of the rigid casing, without suspension, I shall now be supported by the majority of English surgeons in the opinion that suspension of the patient is a part of Sayre's method which it is desirable to avoid, and that the application of the jacket in the manner demonstrated by me in August last at Bath, and on other occasions, is infinitely preferable, securing as it does, without risk to the patient or inconvenience to the surgeon, the fixing of the diseased bones in the most favourable position for obtaining a cure with a minimum of deformity.

## BOARD AND DENOMINATIONAL SCHOOLS AS CENTRES OF FEVER POISON.

BY HARRY D'OYLEY FOOTE, M.D.,
SENIOR SURGEON TO THE ROTHERHAM PUBLIC HOSPITAL, ETC.

DURING a lengthened and somewhat disastrous epidemic, both rural and urban, I have been struck with the serious conditions emanating from our board and denominational schools, for the wide spreading of the contagium, more particularly of scarlet fever; and, as a result, the marked fatality amongst children attending, and those coming more immediately in contact with them, as the members of the same family. By a compulsory system, parents are urged to send their children to school, often I am aware from infected districts, and very often from houses where brothers and sisters are ill. Thus parents in some cases have a desire avowedly to free themselves of those children apparently healthy, thinking by these means to escape the disease; many, no doubt with the knowledge of previous pressure brought to bear upon them, wishful to carry out the letter of the law; some from a wholesome fear of the attendance officers. But others ignorantly send them with the rash out upon them, and in every stage of peeling, careless of the risk, and heedless of the results. I have constantly cases coming under my observation in which I detect reasons portrayed in the above category.

In this way we have to combat a most serious and growing evil in our midst—children congregated together in large numbers from every part of a district. These schools, fulfilling the conditions of the Elementary Education Act it must be admitted, bring together a miscellaneous class of children, the residuum of society. In the majority of cases their clothing is of an indifferent character—mere rags,—descended from other people's cast off, probably sold from fever foci, discarded perhaps from infected houses in other removes of the social scale, ultimately gravitating to the lowest grades, and forming the scanty coverings of these nomadic people and their children—the true contagium carriers. Hence we never seem to be free from scarlet fever. Formerly we had periods of repose of some duration—not so now; we never seem to be rid of the pest, as new sources of contagia are continually springing up and being regularly imported into our schools, from whence it again radiates to the most remote parts of the district, which, whether rural or urban, and however thinly populated, fare no better than others. No doubt there are other well-known sources, such as hospital out-patient waiting-rooms, workhouse hospital and relieving officers' waiting-rooms, and others forming their centres; but these cannot compare with the extraordinary conditions which ever surround the system of schools fulfilling the new elementary code. It seems specially created to disseminate fever far and near. The young are here brought together at an age when they are most prone to take fever, concentrated in rooms teeming with exhalations from without and within, the area in many cases totally insufficient for the accommodation given, ventilation not always of the most scientific kind, often inadequately performed, and masters sometimes indisposed to use the means provided. The atmosphere in these crowded schools is, I fear, too often a hot-bed of fever.

No wonder, then, at the ravages of scarlet fever in families, where one, two, and three are swept off in a few days or weeks,—whole families and districts stricken down by the accumulated poison engendered in these schools, and spread broadcast through the whole parish, its ramifications reaching every house, whether rich or poor. If, as very often has occurred, through the interference of the medical officer of health for the district, the schools have been closed, it will always be found that this measure, however important, comes too late; as the whole parish or district has been poisoned beforehand.

The evil must increase if some steps of a legislative character are not taken to avoid it. A systematic medical inspection seems imperatively demanded,—desirable as a factor of the highest importance to stem the ravages of fever. If recognised in other branches of legislative acts for the people, it is equally a necessity here—nay, even more necessary, as it affects those who form the very sinew and muscle of the nation. Every house and child should be submitted to inspection—a principle which admits a wide application, but must suggest itself as of paramount importance to every educated mind.

Children should not return to school without being armed with a medical certificate, or clean bill of health, that they and also their houses are clear of the infection, the latter having been disinfected by a proper authority. Schoolmasters ought not to take upon themselves the onus of taking children back on the word of parents, without some guarantee from a medical authority, as is too often done prematurely, doing irreparable mischief to others. The object of the schoolmaster at present is to get his scholars back again as quickly as possible; he wants his fees, and this incentive is all-powerful. He sends a list of absentees to the clerk of the School Board, who directs the officers to visit them. The attendance officer will seek them up, and if he finds them out of doors, this, in his eyes, will be ample evidence of restoration to health. Grants are also received by schoolmasters, one particularly for attendance, and if any child fails in the average prescribed he loses the grant. Pecuniary matters, it will be seen, have a great deal to do with the spread of fever, as the emoluments of masters are based on such a scale as to make them look rigidly after their fees. If children stop at home their fees are stopped likewise, so that it is a very serious matter to some rural masters, when to shut up the school is beggary staring them in the face, besides loss of grants. Here, then, are a variety of causes all tending to hurry the children to school, too often in a weak state of health, perhaps but partially convalescent from exanthemata, producing the most disastrous results.

There seems to be a void in the Elementary Education Act, not grappled with by the promoters, perhaps unintentionally omitted; if intentionally, a very grave omission which calls for immediate action, as it is fraught with the utmost importance to the vital statistics of this country, and which has cost hecatombs of lives already that might have been spared. Health officers throughout the kingdom are becoming alive to the gravity of the question, and cannot fail to see the mischievous conditions emanating from these centres of fever poison. Not to provide for the medical inspection and supervision of a class of children accepted as the worst, and thereby requiring compulsory laws—notoriously the black spot in the public weal of our constitution—is, to my mind, an oversight of the framers, incompatible with their position, and difficult to understand, exhibiting the great need of a Minister of Health. Every point of law, as far as compulsion is concerned, has been strained to the utmost to bring these children under the leash, often bearing heavily on parents and widows, but certainly on a magnificent scale of expenditure to the ratepayer, besides at a vast cost to the whole country. Yet the experts and framers of this Act of progress entirely ignored the vital status of these children, nor considered how entirely the health of a community is ruled by the congregation of such large numbers of children together without any medical supervision.

Rotherham.

JERVIS-STREET HOSPITAL, DUBLIN.—A meeting was held last week in Dublin for the purpose of raising funds to rebuild this institution. The sum of £35,000 will be required during the next five years, of which £1000 has been already promised.

## A CASE OF FATTY DEGENERATION OF THE HEART.

BY JOHN C. LUCAS, F.R.C.S., &c.,
SURGEON, HER MAJESTY'S INDIAN ARMY.

THE subject of this case was a young, ill-nourished native soldier of Her Majesty's (Left Half Battalion) 24th Regiment N. Infantry. He was admitted into hospital on the 30th July, 1878, for chronic articular rheumatism of one knee. His previous history was that he was under treatment for chancres and ague. There was at the time some synovial effusion, with thickening of the condyles of the femur, with little or no pain. Other joints were not affected in any way. By the internal exhibition of iodide of potassium, blistering the joint, and its absolute rest in splint, the fluid effusion was soon absorbed. He was then, for his anæmic condition, debility, and poverty of appetite, ordered cod-liver oil with sulphate of iron in decoction of margosa (Azadirachta indica).

On the morning of September 1st, on visiting the hospital, the assistant reported that this man had brought up some blood and was sinking. The case was at once seen. The patient was found breathing heavily, somewhat restless, but conscious, and could speak in whispers. He had the characteristic painful physiognomy of an individual suddenly and instinctively made aware of impending death. His pulse was small, irregular, and thready; his skin was cold and clammy. Sinapisms were ordered to the precordia and the calves of the legs, and the following draught was ordered to be taken at once, and to be repeated after half an hour:—Sixteen minims of oil of turpentine, thirty minims of aromatic spirit of ammonia, in an ounce of camphor-water.

It was remarked at the time that the man was sure to die very soon, and that in the dead-house organic disease of the heart would be found. Death took place half an hour after visit.

*Necropsy, five hours after death.*—Body spare, rigor mortis fairly marked. There was no visible bulging of the thorax anywhere. On opening this cavity the pericardium was found somewhat adherent to the sternum and costal cartilages; on carefully cutting through it with a pair of scissors, the sac was found full of clear serum, about three ounces of which escaped. The heart was not displaced, but appeared floating on a watery bed. The pericardium was thickened to at least three times its normal consistence, and flakes of recent lymph were deposited upon its internal or cardiac surface. The heart on removal was large, but seemed to the hand light in weight proportionate to its size; in the scale it proved nine ounces, or about two ounces below the average weight. The fingers presented a very greasy aspect after handling the organ, which felt soft, and seemed as if it would give way to even the slightest pressure. The muscular substance was of a pale dirty colour, streaked and replaced in many places (besides the following) by adipose tissue, which required no microscope to discern it; there were on both surfaces broad and elevated crucial bands of fat. Right cavities somewhat empty; the auricle, which was very much thinned, contained a largish, dark, discoloured clot; the ventricle was very anæmic, and there was general transformation of muscular into adipose tissue. With regard to the left cavities, they seemed full of fluid blood; other changes were much more marked than on the other side, and the ventricle was dilated. There was a small cartilaginous growth encircling as if it were the mitral orifice. The right lung weighed eighteen ounces and a quarter; apex and base congested, but other parts pale and anæmic. The cut surfaces of the injected portions showed a considerable quantity of frothy mucus, which was also found in the right bronchus and its larger subdivisions. No cavity, tubercular or other deposit. Left lung weighed ten ounces and three-quarters; upper lobe healthy but lower congested, œdematous but crepitant. No vomica, &c.—Abdomen: Peritoneum healthy. Liver enlarged, weighing two pounds fourteen ounces; gall-bladder empty. The surface of this viscus, and also its interior, had an oily appearance; the application of a piece of white paper showed this very distinctly. Iodine gave no reaction. Both kidneys lardaceous. Spleen about normal in size and weight, which latter was six ounces and a quarter. Brain not examined.

*Remarks.*—It is curious that this man never complained of any symptom attributable to the heart to arouse the least suspicion as to the gravity of the case; the organ, therefore, was unexamined prior to the fatal syncope. The only symptoms observed before this that might be at all associated with the pathological condition of the heart, were anæmia and debility; but here, in India, both these, and especially in natives, are far from uncommon as the results of malarial cachexy.

# A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## WESTMINSTER HOSPITAL.

### CASE OF ACONITE POISONING.

(Under the care of Dr. STURGES.)

FOR the following notes we are indebted to Mr. Horace Elliott, M.R.C.S., &c., house-physician.

Clara B——, twenty-one, servant, was admitted to the hospital on Dec. 5th, at 1.15 P.M., having accidently taken some aconite liniment. She stated that about 11.15 A.M. she went to a drawer to get a bottle containing some medicine she was in the habit of taking, and in mistake took some liniment belonging to her fellow-servant. She swallowed about half a wineglassful. She had taken two slices of toast and some tea for her breakfast about 9 A.M. Directly she had swallowed it she noticed a nasty taste in her mouth, and immediately felt a tingling sensation in her lips, mouth, and tongue; her teeth felt as if they were loose, and her lower jaw felt dead. Tingling then began in her fingers, and extended all over the body, and she felt numb. She tried to make herself sick by putting her fingers down her throat, but was unable to do so. She had no pain except the tingling; the feet felt cold; the eyes were dim, and she shivered. She managed to get down-stairs with some difficulty, her legs feeling numbed and heavy, and giving way under her. On reaching the bottom she fell down, and complained to her fellow-servant of great difficulty in breathing. Dr. Ffrench Blake was sent for about 11.30. He found her in an hysterical condition, the pupils being dilated. He administered an emetic of twenty grains of sulphate of zinc, which acted freely. The vomited matter smelt of camphor. The patient was taken up-stairs, and some oatmeal-and-water was given, which made her sick. She stated after this she felt stupid and dazed, but was able to recognise the people in the room. From this time she recollected nothing until she found herself in the hospital. The surgeon who sent her in says he saw her again at 12.40 P.M. (an hour and twenty-five minutes after taking the poison), when she complained of numbness and tingling, the pupils were dilated, and there was twitching of the muscles of the neck and spasms of those of the limbs. Mustard plasters were applied to the chest, and brandy was given internally. The patient was then sent to the hospital, and admitted at 1.15 P.M.

On admission she was in a state of collapse, the surface of the body being cold; the pulse almost imperceptible; respiration quick and shallow; the alæ nasi dilated, and the pupils widely dilated. The stomach-pump was passed, and the stomach emptied. This seemed to arouse the patient, and she tried to pull the tube out of her mouth. Brandy and hot coffee were then given freely, patient being able to swallow fairly. Her clothes, which were wet when she was admitted, were changed. She was then placed in blankets, and hot bottles were applied to the feet and to the sides of the chest. About 1.45 P.M. the surface of the body became warmer; the teeth chattered; the pulse was 75, small and

feeble, and the respiration catching. There was contraction of the muscles of abdomen and thorax, which caused her to spring up in bed. She was allowed to inhale nitrite of amyl freely, with immediate relief of the spasms. The pulse also became stronger, and the deadly pallor of the face disappeared. After this she became more sensible, laughing and crying alternately (probably due to the brandy), and was able to recognise persons in the room. At 4.40 P.M. she was perfectly sensible, and able to state how the accident happened; soon afterwards she went to sleep. Temperature was taken two hours after admission, and found to be 95·5° F.; it was impossible to take it when she was admitted, either in the axilla or in the mouth, owing to the spasms of the extremities and chattering of teeth; four hours afterwards it was 99·8° F.

She passed a good night, and next morning complained of soreness in her mouth.

She was discharged on the 9th.

It was ascertained that she had taken about two ounces of liniment, composed of equal parts of aconite liniment and almond oil, the aconite liniment containing one ounce of root to one of spirit.

## BIRMINGHAM GENERAL DISPENSARY.

### PROLONGED CONCUSSION FROM A FALL DURING PREGNANCY.

(Under the care of Mr. BARTLEET and Mr. J. HENRY PALMER.)

F. H——, aged twenty-three years, married, and mother of one child, formerly first dancer at the principal metropolitan theatres, but now an acrobat, was first seen on August 22nd, and was then unconscious. On August 19th she fell about eleven feet, through the breaking of a strap attached to the edge of a net, on to the stage, striking her right shoulder and head successively. She had not suffered any previous illness.

On admission she was short, dark, and slightly made. She lay on her back, pale and unconscious, though a troubled and frowning expression was noticeable. The skin was warm and dry, the temperature normal. The head was hot to the touch, and the feet were comfortably warm. The pupils were contracted to twice the size of a pin's head, and responded to stimuli very slightly. The pulse was small, at times bounding, and readily compressible; 106 per minute. The respirations were free and unembarrassed. The tongue was of the asthenic type, and the lips were covered with sordes. The patient could be roused only very slightly, and immediately relapsed; she recognised no one. There had been no action of the bowels, and the urine passed involuntarily. There were no external marks of violence, with the exception of slight abrasions on one leg. The patient was five months advanced in pregnancy, and the fœtal heart was distinctly audible.

The case was considered one of severe concussion, its gravity being much increased by the state of gestation. The treatment adopted was perfect repose and quiet, with exclusion of light, the application of ice to the head, and the free administration of milk and beef-tea; ten grains of calomel to be taken at once. In the evening, as no action of the bowels had occurred, two minims of croton-oil were prescribed.

Next day the general condition was unchanged, but there had been two copious stools. A pint of cold extract of beef daily and milk *ad libitum* were ordered, and a teaspoonful of brandy and one-grain doses of quinine were given in one or other of these preparations every two hours respectively.

On Sept. 1st there was a decided accession of consciousness, and the strength had increased. Brandy was decreased to a teaspoonful every three hours.

On the 2nd the urine was passed with consciousness for the first time since the accident, and the patient expressed a feeling of hunger. Brandy was again diminished to a teaspoonful every four hours.

On the 5th there was further general improvement, and the diet was directed to be liberal, but light.

On the 26th the patient was able to converse rationally, but she had no recollection of the accident or subsequent illness.

Oct. 4th.—She had been out of doors the last few days, and on this date returned to her home in London.

*Remarks.*—This case is interesting from the prolonged period of unconsciousness, amounting to quite seventeen days. It might reasonably have been expected that so severe an injury to the nervous system in the pregnant state would have induced abortion, which, in its turn, might have exercised so unfavourable an influence on the general state of the patient as to effectually bar the way to recovery. There is as well a medico-legal point worth consideration: Ought women advanced in pregnancy to be allowed to follow occupations which necessarily endanger the existence of the unborn?

# Medical Societies.

## PATHOLOGICAL SOCIETY OF LONDON.

*The Fungi of Favus and Ringworm.—Rodent Ulcer.—Encephaloid Cancer of Scapula.—Recurrent Epithelioma.*

THE ordinary meeting of this Society was held on the 17th inst., Dr. Murchison, President, in the chair. It was characterised by a prolonged and animated discussion upon the true nature of rodent ulcer, upon which it may be remembered Dr. Thin recently made a communication (see p. 549). Drs. Tilbury and T. C. Fox exhibited specimens demonstrating the purely epithelial nature of the growth, and had not found any evidence in support of Dr. Thin's view of the adenomatous character of the growth. The main outcome of the discussion was to show that the distinction between rodent ulcer and epithelioma was an arbitrary one, and the valuable clinical evidence afforded by Mr. Hulke and Mr. Hutchinson went far to support this.

Dr. HOGGAN made a communication on the Comparative Growth of the Fungi of Favus and Ringworm, showing that the one was essentially a subcuticular and the other a subepidermic structure, and that their first effect was to raise up by their growth the cells under which they grow. He selected the hair as the best possible place to demonstrate the course of ringworm in its initial stages in preference to the skin, which was ill-suited for investigation, on account of the ill-defined nature and number of the layers of cuticular cells. These stages were described—1st. As the stage of invasion, where a single layer of ringworm-fungi grow beneath the one-celled layer of hair-cuticle, but without apparently disturbing that cuticle. 2nd. As the stage in which, by the growth of the fungi, the hair-cuticle gets raised and thrown off like the bark from a tree. 3rd. The cuticle having been thrown off, the whole of the cells forming the shaft of the hair become exposed, and the fungus, penetrating between them, disintegrates and destroys them, and with them the whole hair. The favus-fungus, on the other hand, grows beneath the epidermis, and, by its dense growth, separates it from the dermis, and thus the circular "crusts" are formed; the fungus thriving in the serum exuded from the dermic papilla denuded by the raising of the epiderm, the hair-follicles and sweat-ducts get withdrawn from their beds in the dermis, and clusters of fungi may be seen attached to them externally. The clusters of fungi in favus were shown separately in groups; sections of them in mass, mingled with much débris in the exudation, gave them the appearance of growing in layers. The appearance of lines of favus fungi in hairs he had not observed, but thought it easily accounted for by the fungus getting into the hair from its papilla, and becoming elongated, just as the cells of the hair-shaft become elongated, although they at one time are globular epidermic cells. The fungus of ringworm, on the other hand, grows in thin sheets or layers, not in the tree-like manner of the favus-fungus, the differences in seat and effects of the two accounting for the comparative difficulty experienced in eradicating the one more than the other. In reply to the President, Dr. Hoggan said it was not known how the fungus got beneath the epidermis.

Dr. TILBURY FOX and Mr. THOMAS FOX read a paper on the Histology of Rodent Ulcer. The authors stated that they had two main objects in view in reading the paper—

viz., to furnish additional evidence in support of the opinion that the disease is a phase of epithelioma, and, secondly, to demonstrate the origin of the growth in the particular phase examined from the external root-sheath of the hair-follicles in the inverted layer of the rete mucosum. Numerous microscopical specimens in support of their views were exhibited. The authors were very careful to select *undoubted* cases of the disease from the face, and they endeavoured to obtain specimens in which the changes were in the earliest possible stage. Having referred to the admirable monograph of Dr. Warren for the purpose of saying that they could confirm his observations in the main, especially with reference to the epithelial type of the new cell-growth, and the disposition of the cancer in two forms, the alveolar and the tubular, they went on to show that true "globes épidermiques" were found, but were especially frequent in the alveolar form from the increased pressure present. The rete took no part in the disease beyond an occasional thickening from the irritation of the neighbouring growth, nor were any sweat or sebaceous glands found primarily involved. They found the actual anatomical origin of the disease to be in the hair-sheath, a point which was illustrated by several drawings. Buds sprout out from the hair-sheaths in solid processes, pushing the tissues *en masse* and indiscriminately before them. As a consequence of the irritation produced by the growth of the cancer, there is a greatly increased blood-supply, new capillaries are formed, various structures hypertrophy, and crowds of leucocytes escape into the perivascular lymph-channels. As the growth extends, its massive rounded buds are split up into finer processes, and these grow in the directions of least resistance—i. e., along the regions where the leucocytes are congregated, and so between the already compressed bundles of connective tissue. No evidence was forthcoming that the disease spreads along any system of vessels, but rather that it honeycombs the tissue lying between the capillary network (both lymphatic and blood-vascular), and so produced the appearance figured by Köster. The cancer processes pushed their way by the multiplication of the cells at their border from pre-existing cancer-cells, and not by the conversion of leucocytes by any *action de présence*. The non-implication of the lymphatic glands, and absence of secondary infiltration of distant organs, seem due, firstly, to the excessive slowness of the growth, the very slight activity, and the absence of wandering of the cancer-cells; and, secondly, to the obliteration of both lymph- and blood-vessels as the growth progresses. After referring to the clinical evidence in support of their view, the authors concluded by affirming that rodent ulcer must be considered a small-celled and very slow growth of the epitheliomatous type, and that it originated in the hair-sheath, at any rate in the specimens they had examined.—Dr. THIN said that four of the specimens exhibited were examples of epithelioma, and not rodent ulcer at all; that another seemed to be a rodent ulcer; whilst the remainder, which also were probably specimens of rodent ulcer, showed appearances due to retrogressive changes in epithelium, one of them, called by Dr. Fox "alveolar form of rodent ulcer," showing what he took to be an attempt at regeneration of hair in a hair-follicle from which the original hair had fallen out. This, he thought, was the explanation of the mammillary processes of epithelium in the specimen growing from the follicle, which were not continuous with, and did not form an essential part of, the growth of the rodent ulcer. The specimens of epithelioma were distinct and clear, but the rest were difficult to make out—a point in favour of their being instances of rodent ulcer, the cells of which are very perishable and difficult of preparation. He certainly had not mistaken a capillary wall for the limiting membrane he had described bounding the cell-growth. This limiting membrane was characteristic, and its presence proved the glandular origin of rodent ulcer. He had met with it in small fragments from an ulcer sent him by Mr. Joseph Bell, of Edinburgh, both in connexion with glandular-like cell-masses and also in funnel-shaped fragments. The reason why rodent ulcer did not give rise to secondary infection or extend to neighbouring lymphatic glands, showing its radical difference from epithelioma, seemed to depend not on the size of the cell elements, but on the less degree of infecting power possessed by the cells of rodent ulcer. He urged the use of eosin as a staining reagent, for it has the property of picking out the epidermal horny layers, and thus affords a good contrast between them and the new growth. He had deposited some specimens at the College of Surgeons, so that members could judge of the accuracy of his descriptions. The alveolar variety of rodent ulcer, as described by Dr. Fox, was evidently an epithelioma.—Mr. BUTLIN concurred in most that had fallen from Dr. Thin. He also thought the specimen styled "alveolar" was an epithelioma; but he believed that the characters of rodent ulcer showed rather its true nature to be that of a slow-growing form of hard carcinoma, and not an epithelioma at all. If so, it was more probable that its starting-point was in the sebaceous glands. Still there remained the difficulty of accounting for its long persistence, its non-infection of glands, difficulties not evaded by classing it as an adenoma. Mr. LISTER said it was perfectly clear that the peculiar cause of rodent ulcer and the absence of affection of the lymphatic glands could not be explained by anatomical differences; for he was sure that there were forms of epithelioma which ran clinically the course of rodent ulcer.—Mr. HULKE professed his inability to discuss the question on histological grounds, not having of late years been able to pay close attention to microscopical inquiries with the new methods of preparation. But from a clinical point of view he entirely agreed with the conclusions arrived at by Dr. Fox. He firmly believed that rodent ulcer—or, as he preferred to call it, rodent "cancer"—was a form of epithelioma. While there were cases about which there was no dispute as to their being rodent cancer or epithelioma, yet there are others which after lasting a long time as rodent ulcer assume typically epitheliomatous characters. The occurrence or not of distal infection was long a difficulty with him. But there are cases of typical epithelioma which run a long course and do not lead to lymphatic infection. He had now in Whitbread ward of the Middlesex Hospital a woman under his care who was an instance of this. She is past middle life, and has a large scar over the middle of the back. She says this scar resulted from a burn or scald early in life; that one day she was struck in the middle of the back, where the scar was thinnest, and where it had always felt rather painful. The scar was grazed by the injury, and a short time after she had another blow on the same spot. Thereupon a little wart grew, which in time developed into a large warty epithelial mass. This Mr. Hulke removed; but in four or five years it recurred. Since then it has been excised several times, but has recurred again and again, and now so firmly attached is it to the deep tissues that it appears impossible to eradicate it. She has been in the hospital for nine years, and yet during all this time there has been no glandular infection. Again, some years ago he brought before the Society the hand of a man of which the soft parts were all destroyed by epithelial cancer, so that little else but the tendons remained attaching the hand to the forearm. Yet, with all this disease, there was no glandular infection. Such instances showed that, although in most cases of epithelioma there is some glandular affection, yet in others none at all occurred.—Mr. HUTCHINSON said that Mr. Hulke had not given his reasons for styling such cases epithelioma and not rodent ulcer. He himself had been accustomed to regard the fungating warty masses as epitheliomatous, and had not looked merely to the fact of infection of glands. For he entirely agreed with Mr. Hulke as to the importance of clinical evidence in the matter, and, like him, he was unable to offer any criticism upon histological differences. But clinically his impression was that the rival views upon the nature of these affections differed less than they appeared to do. Certainly rodent ulcer appeared to take the place of epithelioma in certain regions, especially the upper part of the face, the ala of the nose, &c.; and this local difference might account somewhat for the non-affection of the glands. But even in such places the ulcers present great difference in character—some being hard-edged, others fungating. He recalled a case in which the orbit was full of a fungating mass, but portions of the edge of the ulceration had the characters of rodent; nor did it give rise to glandular infection. He believed that, with reference to malignant action, each part of the body should be studied separately. For it would be found that those epithelial cancers which give rise to infection of the glands were especially those which arose in or near mucous surfaces—e. g., the lip, tongue, glans penis, scrotum, &c.; or in regions where the skin is thin, soft, and constantly moistened—e. g., between the fingers and toes. But in other parts of the skin there is far less tendency to malignancy in the sense of lymphatic infection (he had seen a typical rodent ulcer in the middle of the chest); the inference being that in such parts the disease runs a peculiar course; so, again,

if the disease begins in scar-tissue. — Mr. HOWSE said that some years ago it so happened that the four or five cases of rodent ulcer which he first examined histologically showed undoubted evidence of their being classed amongst epitheliomas, and he then inferred that rodent ulcer was only a form of slow-growing epithelioma. But then came two cases which seemed opposed to this view. In them he could find no evidence of any epithelial structure, but the subdermal tissue was infiltrated with lymphoid cells, which rapidly disintegrated. Both these were on the face—one being of two years', the other of eighteen months' duration. Bearing in mind the appearances of other forms of epitheliomata, he would suggest the possibility of the very earliest stage of rodent ulcer being an infiltration of the dermis with lymphoid cells. If the disease goes on for any length of time these cells tend to grow and assume an epitheliomatous form, the surrounding dermal structures being stimulated into action by their growth.—Mr. HULKE said that with him the clinical distinction between rodent ulcer and epithelioma was not that of glandular infection, but rather the presence in the former of a narrowed indurated edge, with flat glossy surface, and in the latter of warty masses and irregular thickened and wide margins. The test of glandular infection could not stand, for such growths as that he had mentioned on the back could not be styled rodent ulcers, and he was surprised that Mr. Hutchinson would so call it.—Mr. HUTCHINSON said that his argument was rather that the distinction was an arbitrary one.—Dr. SANGSTER maintained that in rodent ulcer there was an adenomatous growth under the rete Malpighii, which itself takes on abnormal growth, probably from being stimulated by the presence of the ulceration. Although considerable outgrowths from the rete might thus be formed, these had no direct continuity with the essentially glandular growth of the rodent ulcer. Indeed, there was no reason why in some such manner an ulcer of this description should take on epitheliomatous characters, the epithelial growth resulting from stimulation, as in epithelioma, from irritation or from warts, and in some cases of long-standing lupus.—Mr. PARKER had examined microscopically several specimens of rodent ulcer furnished him by Mr. Hutchinson, and confessed his inability to establish any tangible differences between them and epithelial cancer. The border-land of the ulcer should not solely be examined, on account of the difficulty in deciding how much of the change was due to the invading growth, and how much to change in the pre-existing tissues. He had not been able to decide where the growth takes its origin; the "lymphoid cells," mentioned by Mr. Howse, were leucocytes, which the presence of any foreign matter in the tissues, as cancer, tends to educe. He believed that in rodent ulcer, as in epithelioma, there is a down-growth from the rete Malpighii, and extension of the growth by spermatic influence on neighbouring cells.—Mr. AMPHLETT confirmed the observations of Dr. Fox. He had seen in rodent ulcer downward prolongations of the rete, and had also observed the presence of small, closely-packed cell-growth, always, however, with a one of atrophic changes between these and the epithelial growth. He had also seen outgrowths from the hair-follicles. The peripheral cells of the new growth in rodent ulcer can be seen undergoing division. The rule was that in rodent ulcer the cells were small and densely aggregated; in epithelioma, large and loosely packed. But so many specimens showed transitional forms that he had no doubt the affections were merely varieties of one and the same disease.—Mr. GOLDING BIRD related his experience of the examination of specimens of rodent ulcer. The first was a case of only six months' duration, but it corresponded in all its features clinically to rodent ulcer; it recurred on two occasions, and on each examination he had found nothing but what Mr. Howse had described—viz., an infiltration of the tissue with lymphoid cells, appearances not differing from those of ordinary chronic ulcers, the only difference between the earlier and later specimens being, that in the latter there was in addition some of the "fibroid tissue" of Warren. If that was a case of rodent ulcer it might be explained on Mr. Howse's hypothesis. Then two other cases he had examined showed changes similar to those described by Dr. Thin, and not what Dr. Fox had found. He had never seen either in epithelioma or rodent ulcer leucocytes develop into epithelial cells. The fourth case he was almost afraid to mention, for it only rendered "confusion worse confounded," for it seemed to show a border line between the two sets of changes. In the deeper parts there were the changes described by Dr. Thin, but there was also the development of epithelial nests.—Dr. TILBURY FOX, in reply, said he had taken as his criterion of a rodent ulcer the definition given by Brodie and Hutchinson; and all three cases which Dr. Thin had called epithelioma answered to these definitions. In one the ulcer had lasted seven years, in another for eleven years, and in the third for eight years. Two of the cases are examples of the tubular form of growth, the sections showing this being taken from the cicatricial edge; whilst the specimen of the "alveolar" variety was from the case that had lasted eleven years. A clinical feature in rodent ulcer, which had been overlooked, was the enlargement and prominence of the sebaceous glands about the margins of the ulcer, an enlargement resembling that occurring in lupus erythematodes. He was glad to hear Dr. Thin so positively assert that four of the specimens were examples of epithelioma, for they undoubtedly come from cases clinically "rodent ulcers." But the change which Dr. Thin attributed to degeneration of hair-follicles was certainly an infiltration of the cancer growth.

Mr. LISTER exhibited a recent specimen of Encephaloid Cancer of the Scapula, which showed well the delicate stroma between the meshes of which the cells were disposed. It was also an example of suppuration in a cancer, for at one part there was what looked like pyogenic membrane, with fluid resembling pus, the cells of which were, however, not pus-corpuscles, but large bodies with well-defined and large nuclei, containing nucleoli, and not at all degenerate. It suggested that there was here a "malignant suppuration"—i. e., rapid formation of cells. Mr. Lister expressed his doubts as to whether the distinction current in modern pathology between the sarcomas (amongst which so many growths hitherto known as soft cancers are now included) and the true cancers had the very great importance which is attributed to it. The tumour grew on the shoulder, and although the growth when first removed did not have any distinctive carcinomatous character, yet on its recurrence it was found to be purely carcinomatous. So that if the modern view as to the glandular origin of carcinoma were true, it was difficult to account for the origin of this growth in a place where no gland-substance existed. The case was that of a female twenty-six years of age, who had noticed the tumour for two years. It began as a small movable growth under the skin, not connected with the scapula, but subsequently it became firmly attached to the bone, and extended forwards towards the clavicle. As it had not commenced in the scapula, Mr. Lister did not think it necessary to excise the whole of the bone, but removed only a portion of it, leaving the glenoid cavity and acromion attached to the rest of the body of the scapula. The growth recurred, not in the scapula, but in the soft parts, thus justifying the partial excision he had practised, which had left the shoulder-joint untouched.

Mr. LISTER also showed a specimen of Recurrent Epithelioma of the Leg. The patient, a man aged thirty-eight, had from early childhood suffered from a sore over the tibia, which refused to heal. This, being injured, took on an epitheliomatous appearance and invaded the bone. In this case also, seeing that the bone was not the primary seat of the disease, Mr. Lister thought it might be extirpated without removing the whole of the bone, especially as this form of cancer was the mildest and most local of all forms. Accordingly, after scraping away as much of the ulcer as possible with a sharp spoon, he found the bone apparently only superficially affected. Then, after cutting widely the soft parts, he gouged out an area of bone about half-an-inch in all directions, opening freely into the medullary cavity. This was done five weeks ago, and after a while granulations sprang up freely and a good result was anticipated; but three weeks after, on looking at the sore, he noticed some dead white patches in the granulations on the surface of the bone, obviously epithelial in nature; and this proving to be the case, amputation was performed, and it was then found that the disease had spread to the medullary cavity, showing that, in spite of the free manner in which it had been extirpated, still the disease was left behind. It illustrated also the fact that even this mild form of cancer, if it affect bone at all, is apt to spread widely in that bone.

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Dr. PETER ROYLE has been placed on the Commission of the Peace for the Borough of Salford.

# Reviews and Notices of Books.

*On the Source of Muscular Power.* By AUSTIN FLINT, jun., M.D. pp. 103. New York: Appleton and Co. 1878.

DR. FLINT is well known, not only as the author of a large and important work on physiology, but also as having opened up a very interesting subject in his investigations on the source of muscular power by his experiments on Weston, whose remarkable muscular endurance, though exceeded by others, has so recently been a topic of discourse in this country. Taking as his text a statement made in 1876 by Dr. Pavy, in these columns to the effect that the food of animals may be regarded as force in a latent state, which, by the play of forces in the body, is liberated and becomes apparent as muscular, nervous, and other actions, Dr. Flint discusses the arguments against it, maintaining that so mechanical a view is inconsistent with what we know of life, and that we have no right to assume that the force "locked up" in food cannot be destroyed, because we are not able to explain what becomes of it when the food undergoes its ordinary transmutations and there are no manifestations of force in work performed. The answer to this seems to be that work is performed, though not nervo-muscular work, such, for instance, as the building up of fat. Dr. Flint remarks that it is surprising how short a period of vigorous exercise daily will develop an approach to the maximum of muscular power. He must himself possess unusual vigour, as at the age of forty, and weighing a little over 180 lb., he accomplished the feat of raising with one hand above his head, and standing erect, with the arm straight under, a dumb-bell weighing 181½ lb. This was done by exercising about half an hour daily for six days in the week, paying no special attention to the diet. The pith of the work is the question whether the muscles are like an engine, only the means by which the force developed by the oxidation of the food is rendered manifest, or whether they are themselves consumed, the elements of food being used for their repair. Dr. Flint thinks that the result of a single experimental line of inquiry, showing whether or not the physiological exercise of the muscular system increases the elimination of nitrogenised excrementitious principles, is enough to solve the question. He carefully discusses Dr. Pavy's observations on Weston, given in these columns about two years ago, and no doubt hits a blot in the calculations of that observer when he states that no account was taken of the nitrogen eliminated from the body by the fæces, which, though no doubt ordinarily very small in amount, yet, under such exceptional circumstances as were in this instance present, deserved investigation. The essential conclusions at which he arrives are—that all deductions respecting the source of muscular power founded on estimates of the force capable of being developed by the oxidation of a certain amount of food are extremely doubtful, on account of the imperfection of our knowledge of the processes that take place in the body; and the same is true in regard to the absolute amount of heat generated. On the whole, however, looking at the general phenomena presented by ordinary and violent exercise, the demand for nutrition and the elimination of waste products, he thinks that work is always attended with destruction of muscular substance, and that the direct source of muscular power is to be looked for in the muscular system itself. Food, therefore, is not directly converted into force in the living body, nor is it a source of muscular power except that it maintains the muscular system in a proper condition for work. The question is argued out with much clearness and intelligence, and the book, small as it is, is well deserving of being read.

*The London Science Class-Books.* Edited by Professor G. CAREY FOSTER, F.R.S., and PHILIP MAGNUS, B.Sc., B.A. (1) Vertebrata, and (2) Invertebrata, by Professor Macalister; (3) Botany, Morphology, and Physiology, and (4) Classification of Plants, by Professor W. R. McNab, M.D., F.L.S.; (5) Astronomy, by Professor R. J. Ball; (6) Thermodynamics, by Richard Wormell, D.Sc., M.A.; (7) Hydrostatics and Pneumatics, by Philip Magnus, B.Sc., B.A. London: Longmans. 1878.

THIS series of cheap class-books has been designed for use in school-teaching, and especially for the higher classes in schools. With regard to the series the editors remark: "The attempt will be made in them to bring out the educational value which properly belongs to the study of any branch of science, by not merely treating of its acquired results, *but by explaining as fully as possible the nature of the methods of inquiry and reasoning* by which these results have been obtained. Consequently, although the treatment of each subject will be strictly elementary, the fundamental facts will be stated and discussed with the fulness needed to place their scientific significance in a clear light, and to show the relation in which they stand to the general conclusions of science." The words we have italicised show the special characteristic of the series, and how it is proposed to meet a cardinal defect in the rudimentary teaching of the natural and physical sciences in schools. The members of this series of class-books now published fully accomplish the designs of the editors, and are worthy of the authors whose names are attached. We observe, however, a defect in the editing of the works which deserves consideration. The botanical class-books assume throughout that the scholar must be familiar with the signification of the technical terms of the science—an assumption scarcely justified, and which must make the study of the books needlessly difficult and repulsive to those for whom they are intended. Surely a glossary of terms, and their derivation, should have been attached to these works? The class-books relating to the vertebrata and invertebrata in part avoid this difficulty. To these indexes and glossaries are attached, but the glossaries do not give derivations. Class-books which primarily keep in view methods of inquiry and reasoning should have avoided an arrangement which will substitute in regard to technical terms a mere exercise of memory for a rational apprehension. For the rest, the execution of the class-books is worthy of all commendation, and they will prove an important addition to the armament of teachers and schools. It should be added that the books are excellently printed, and of most convenient size.

*A Treatise on Chemistry.* By H. E. ROSCOE, F.R.S., and C. SCHORLEMMER, F.R.S., Professors of Chemistry in Owens College, Manchester. Vol. II., Metals. Part I. Macmillan and Co. 1878.

THE present part of this most valuable manual deals with seven out of the twelve groups into which the authors have divided the metals, so that another volume will carry us through inorganic chemistry. It would be difficult to praise the work too highly. All the merits which we noticed in the first volume are conspicuously in the second. The arrangement is clear and scientific; the facts gained by modern research are fairly represented and judiciously selected; and the style throughout is singularly lucid. A short historical sketch introduces every element and many important compounds; the references to original memoirs are numerous and the illustrations admirable. The book will have a most important effect in stimulating students to a deeper study of chemistry than has hitherto been possible, except to the very few.

# THE LANCET.

*LONDON: SATURDAY, DECEMBER 28, 1878.*


THE YEAR 1878 brought with it the 300th anniversary of the birth of WILLIAM HARVEY. And it may be said, for the credit of mankind in general and of workers in medical science in particular, that the anniversary was duly honoured. The name and genius of HARVEY are so sacred in the medical profession that on the anniversary of his birth the College of Physicians held high festival, and the leading statesmen of England joined its men of science in doing it honour. Moreover, a considerable sum of money to raise some monument to perpetuate his fame has been subscribed. The record which follows will show that medical science refuses to accept disease as a fatal necessity. This refusal will, let us hope, be emphasised by the occurrence of a Royal misfortune, which has touched the nation like a domestic calamity. A terrible outbreak of diphtheria in the family of the Grand Duchess of Hesse Darmstadt, ending in the melancholy loss of her life, and that of her child, has greatly shocked Europe. Diphtheria has been called the model of a preventable disease; like typhoid, it affects the comfortable classes more than the poor. Why then, it may be asked, is it not prevented? Simply because States have not recognised the claims of State Medicine and the peril of disease, and have not sufficiently encouraged those who would annihilate great groups of diseases if they had proper support from States and statesmen. But our present business is to write history.

It is impossible to refer to the advances made in Physiology during the past year without alluding to the loss science has sustained in the death of CLAUDE BERNARD. In the course of his numerous investigations he touched many branches of physiology, and it may fairly be said that he left on all the impress of his clear and original intellect. To him we are indebted for the determination of the function of the chorda tympani, for our knowledge of the peculiar action of curara on the motor nerves, for many important points in relation to the gastric juice, the action of poisons on the system, and the development and maintenance of animal heat, whilst nearly the whole of the modern doctrines of the effects of the sympathetic on the vaso-motor system and of the glycogenic function of the liver and the action of the pancreatic juice in digestion, are the fruits of his experimental investigations—facts the importance of which is so great that one of the ablest of his countrymen has ventured to assert, "S'il ne faisait pas de médecine, il faisait la médecine." The most notable fact in the year in a literary point of view, so far as physiology is concerned, is the establishment in England of a journal devoted exclusively to this department of biology, published under the able editorship of Professor MICHAEL FOSTER, who has secured the co-operation of Professors GAMGEE, RUTHERFORD, and SANDERSON, as well as that of the American Professors BOWDITCH, MARTIN, and WOOD. The three numbers of this periodical, which is in every way deserving of the support of the profession, that have hitherto appeared, show that, notwithstanding recent legislative enactments seriously interfering with the pursuit of certain lines of inquiry, there are still many subjects left, the investigation of which is capable of bearing good fruit. This is notably the case in regard to the processes of development, which open a large and to a great extent yet uncultivated field to the younger aspirants to fame, and work in which has been so signally successful as that exhibited in Mr. BALFOUR'S large treatise on the elasmobranch fishes, which gives the results of an immense amount of patient labour, and which is partly the outcome of knowledge gained in the Physiological Laboratory at Cambridge, and partly of work done in the Aquarium at Naples. These observations have thrown much light on the formation of the blastodermic layers, on the development of the notochord and of the spinal nerves, of the urino-genital system, and in fact on many of those points which have hitherto been considered most obscure and difficult to determine, such as the origin of the suprarenal capsules. Dr. MARSHALL, another of Professor FOSTER'S able pupils, following out the development of the nerves, finds that in the chick the cranial nerves and the posterior roots of the spinal nerves are developed as lateral outgrowths of a continuous longitudinal neural ridge, running along the top of the neural canal. The olfactory and third nerves are both derived from this ridge, and therefore appear to be morphologically equivalent to the hinder cranial, or to the spinal nerves. The auditory nerve is developed as a branch of the seventh. The sixth nerve resembles the anterior roots of the spinal nerves, in arising from the sides of the neural canal (not from the neural ridge), and in its comparatively late appearance. Mr. GASKELL has continued his researches on the vaso-motor nerves of muscles. In his earlier experiments he had shown that section of the nerve belonging to any particular muscle, or group of muscles, causes a great temporary, but not permanent, increase in the amount of blood which flows from the muscle vein; and that stimulation of the peripheral end of the nerve causes, as well as the tetanus of the muscle, a very marked increase in the rate of flow through the muscle. His present investigations, recorded in the *Journal of Physiology*, strongly support the view that the dilatation of the vessels is an active process, and that there are true dilating as well as constricting muscular fibres, each of which is under the governance of its own special nerve-fibres. Dr. J. N. LANGLEY has obtained some important results from his experiments on the physiology of the salivary secretion, experiments that were carried out, like those of Mr. GASKELL, with the assistance of a grant of money voted to him by the Grant Committee of the British Medical Association. In the first place he shows that considerable differences exist between the cat and dog in the characters of the secretion of the submaxillary gland, when the sympathetic nerve is stimulated, and he also points out the effects of atropin upon the secretory function of the sympathetic, and of the chorda tympani nerve; and, secondly, he demonstrates that there is a mutual antagonism between atropin and pilocarpin in regard to their action on the submaxillary gland. Messrs. GAMGEE and PRIESTLEY find that stimulation of one vagus never annuls or even prejudices the inhibitory power

of the other vagus, unless the inhibiting apparatus has been under stimulation for some time; and these experiments show very clearly that the fibres of the vagus are more easily exhausted than the inhibitory centre itself. The normal respiratory movements of the frog have been described by Professor MARTIN, of the Johns Hopkins University, Baltimore, who has pointed out the importance of distinguishing between the flank and throat movements; that it is probable there are two respiratory centres, one for inspiration, the other for expiration; and that irritation of the optic lobes diminishes the irritability of the inspiratory centre, and exalts that of the expiratory. In a second paper, Professor MARTIN and Mr. BOOKER have arrived at the conclusion, from their experiments on the rabbit, that in this animal there is a respiration-regulating centre, which is deeply situated in the mid-brain, beneath the posterior corpora quadrigemina and close to the iter, and which is similar to that in the corpora bigemina of the frog. Electrical stimulation of this centre causes accelerated inspirations, finally passing into tetanic fixation of the chest in an inspiratory condition, and correspondingly diminishes or altogether inhibits expiration. The Proceedings of the Royal Society have been enriched by several important papers. Amongst others, Dr. I. S. LOMBARD has shown that the exercise of the higher intellectual faculties, as well as different emotions, causes a perceptible rise of temperature in the head, and his results have been corroborated by the concordant though independent observations of Professors BROCA and SCHIFF. He has further attempted to show that certain regions have temperatures which are relatively different from others in close proximity to them. Mr. B. T. LOWNE describes the modifications of the simple and compound eyes of insects. Professor TURNER gives the placentation of the apes, with a comparison of the structure of their placenta with that of the human female. Mr. PARKER supplies one of his exhaustive and carefully worked up monographs on the structure and development of the common snake, in which he takes occasion to remark that, on comparing his own observations on this low type with the results given of the study of the chick in FOSTER and BALFOUR'S excellent work, he finds that few paragraphs in it would need material alteration, and that the figures would for the most part serve very accurately, if in that work the word "chick" were to be exchanged for that of "snake embryo." Mr. SCHAFER gives his observations on the nervous system of Aurelia aurita. Dr. E. CRESSWELL BABER furnishes the results of some further researches on the minute structure of the thyroid gland, in the course of which he has found that, whilst this gland is freely supplied with lymphatics in man, the horse, cat, dog, and rabbit, there are none in the thyroid gland of the pigeon. He also describes the occurrence of some undeveloped portions in the glands of adult animals. The lymph hearts of batrachia have been studied by Mr. PRIESTLEY, who finds that they are muscular sacs, supplied with both medullated and non-medullated nerves, proceeding from the second spinal nerve for the anterior pair, and from the tenth for the posterior pair. They contract from sixty to seventy times a minute, and their movements are governed by motor and inhibitory cerebro-spinal centres. The motor fibres require the application of a strong stimulus to induce contraction, and the action of the inhibitory nerves is not abolished by atropia. A valuable communication is from the pens of Messrs. BEVAN LEWIS and HENRY CLARKE, on the Cortical Lamination of the Motor Area of the Brain, in which they considerably modify the arrangement of the several layers as adopted by MEYNERT, whilst retaining his division into five. The *Archiv für Anatomie und Physiologie* contains many valuable papers: the more important being those of KRONECKER and STIRLING on the Genesis of Tetanus, a translation of which appears in FOSTER'S *Journal of Physiology;* LESSER on the Distribution of the Blood-corpuscles in the Blood-current; RAHLMANN and WITKOWSKI on the Condition of the Pupil during Sleep, and on the Innervation of the Iris; N. BAXT on the Shortening of the Duration of the Systole on Irritation of the Accelerator Nerve of the Heart; TSCHIRJEW on the Physiology of the Motor-nerve Plates; and GAD on the Absorption of Fat. There are also various papers on Anatomy that are well worthy of careful perusal, notably one by W. HIS on Preparations of the Viscera *in situ*, and another by LÖWE on the Connective tissues. The most interesting papers that have appeared in the *Zeitschrift für Biologie* have been those of Dr. W. CAMERER on the Metamorphosis of Tissue, or tissue-metabolism, in the first year of life, the result of a continuous examination of his own child, and embracing numerous particulars in regard to its nutrition, secretions, and growth; and a paper by VIERORDT on the Consumption of Oxygen by the Living Tissues. The papers contained up to the present time in the *Archives de Physiologie* of Dr. BROWN-SÉQUARD, published this year, are chiefly pathological. M. DUVAL has given in M. ROBIN'S *Journal de l'Anatomie* the results of much careful microscopical research devoted to the real origin of the cranial nerves. In the same journal M. RÉMY has given a minute description, accompanied by beautiful drawings, of the skin of man. CADIAT has furnished a carefully drawn up report on the Development of Cephalothoracic Portion of the Embryo, including the formation of the diaphragm, the pleura, pericardium, pharynx, and œsophagus. HERBERT WATNEY has examined the minute anatomy of the thymus; and Dr. DALLINGER the life history of a minute septic organism, which presents many points of interest. Dr. CREIGHTON has given in detail the reasons that have led him to believe in an homology between the suprarenal capsules and the cortical region of the ovary. Amongst the more important works, or new editions of standard works, that have been published, are those of RANVIER on Histology and on the Structure of the Nervous System; of TOLDT on Histology; STEINER'S Physiology; FOSTER'S, FUNKE'S, HERMANN'S, and WUNDT'S Physiologies; KINGZETT'S Animal Chemistry; KÖLLIKER'S Entwickelungsgeschichte; an admirable translation by Mr. BELL, with revision by Professor RAY LANKESTER, of GEGENBAUR'S Comparative Anatomy, with a well-executed translation revised by Dr. FOSTER, of KUEHNE'S essay on the Colouring Matter of the Retina.

In Pathology the past year has been marked by much excellent work, which in this country has been chiefly made public through the medium of the several Societies. The subject of the elementary process of disease has received less notice than in former years, although contributions to the general pathology of inflammation have been made by

SENFTLEBEN and others. The relation of "saprophytes" to various diseases has been the subject of important investigations by KLEIN, COLIN, and FELTZ. FUERBRINGER has investigated the absolute and relative value of the excretion of the urine in fever, while the pathological excretion of carbolic acid under various circumstances has been investigated by LEYDEN and FRAENKEL, by SALKOWSKI, NENCKI, and BRIEGER. The pathological anatomy of scurvy has been carefully studied by USKOW. The changes in the marrow in pernicious anæmia has been investigated by OSLER, NEUMANN, LITTEN, and ORTH. Among acute diseases, croup and diphtheria have received most attention, an attention which we may hope will not be allowed to diminish until our knowledge of the disease is put on a certain pathological basis. The researches of WEIGERT and SCHWEINIGER may be especially mentioned. Among the more important investigations into the pathology of diseases of the nervous system are the researches of GLUCK and of KORYBUTT-DASZKIEWICZ, on the processes of degeneration and regeneration of nerves; of LAUDOUZY, on the pathology of muscular atrophy; on the processes of degeneration and inflammation in the spinal cord, by SCHULTZE and RUMPF; and on the histological changes in the brain in apoplexy and insanity, by ARNDT. In the pathology of the lungs, the subject which has received the most attention is the destiny and effect of the inhalation of solid particles—coal-dust and the like,—which has been investigated by MAX SCHOTTELIUS, RUPPERT, and VON INS. The experiments of TAPPEINER and MAX SCHOTTELIUS, on the contagion of phthisis, deserve especial mention. The pathology of œdema of the lung has been investigated by WELCH, while the relation of diseases of the diaphragm to pulmonary diseases and symptoms has been considerably elucidated by the researches of ZAHN. As in preceding years, the two subjects which have received most attention in the circulatory system have been the histology and pathology of "mycotic endocarditis," and among the investigations into this subject must be mentioned especially those of KOSTER and EBERTH. Important observations have been made by ROSENBACH on the experimental pathology of valvular disease of the heart, and the subject of chronic endarteritis has been carefully studied in its relation to degenerative changes and to syphilis by BAUMGARTEN. In hepatic pathology the observations of BOETTCHER on amyloid degeneration, of AUFRECHT on inflammation of the liver, and on phosphorus poisoning by WEIZIL, deserve especial mention. In the pathology of the kidney, continental observers are at last following the lead which has been given them by English pathologists, and the relations of granular disease of the kidneys to cardiac hypertrophy have been considered by SENATOR and v. BUHL, while HERMANN has investigated the relation of fibrinous casts to renal inflammation. Of the osseous and muscular systems we have to note the researches of CREIGHTON on the pathological function of periosteum, and of KASSOWITZ on the process of change in the bone in rickets; while the tuberculosis of muscles has been observed by MARCHAM, and other changes in the muscles in phthisis by FRAENKEL. In pathological embryology we may note the elaborate papers of PANUM on the physiological significance of malformation, the observations of LEICHTENSTERN on supernumerary mammæ, and of RAUBER on the theory of excessive monsters.

It is gratifying to be able to say, from a retrospect of the year, that the great department of Therapeutics continues to show that activity and progress which characterise all the other branches of medical science. The number of remedies increases, and much more precision is noticeable in the observation of their effects—a difference occasioned not only by a more careful habit of mind in practitioners, but by more refined physical tests, such as the clinical thermometer, the microscope, and the hæmacytometer of Dr. GOWERS. A very elaborate account of the remarkable actions of Gelseminum sempervirens has appeared in ou columns from the pens of Drs. RINGER and MURRELL. The same gentlemen have contributed valuable papers to the *Journal of Physiology*, on the action of arseniate of soda, arsenious acid, aconitia, tartar emetic, veratria, &c. An article on the mydriatic and other properties of Duboisia myoporoides, by Mr. JOHN TWEEDY and Dr. SYDNEY RINGER, deserves special mention. Before coming to any individual question in therapeutics, we cannot forbear noticing the tendency to find antiseptic or germicidal agents of use in medicine. Whether they will revolutionise the treatment of zymotic diseases as they have profoundly affected the surgical treatment of wounds remains to be seen. But there are not wanting some indications of that sort. Witness the interesting communications which have appeared in our columns on the use of carbolic acid in the treatment of whooping-cough, vomiting, dysentery, &c. &c., and in the treatment of small-pox; of salicylic acid or its preparations in diphtheria; of quinine dissolved in water as an injection in irritable or inflamed conditions of the bladder; of boracic acid in cholera, &c. &c. The selection of remedies must for some time to come be largely empirical. But we are getting out of ruts, and striving more and more, year by year, after "the Positive in Remedial Art," as Dr. B. W. RICHARDSON, in the lectures of which we have published abstracts, and still more by his constant example, urges us to do. Meantime, we gladly devote a large portion of our space to any reasonable suggestions for the use of remedies discovered either by the leisurely observer who is working and waiting for reputation, or by the busy practitioner who is beset on every hand with the urgencies of extensive practice. We always like to show, by a random selection from our own columns, our respect for the therapeutical work of the profession, whether it contemplates the relief of hydrophobia or of sea-sickness. One case of hydrophobia, treated successfully with injections of morphia and Calabar bean and by chloroform, was reported by Dr. NICHOLLS, of Chelmsford. The only argument against the true hydrophobic character of the case was its recovery. But this objection did not invalidate the well reported facts nor the conclusion that the disease was really rabies. Dr. GOWERS showed by several cases that sometimes good is to be done by iron in epilepsy. The power of nitrite of amyl to cut short the fits of ague and the duration of the disease, with the help of quinine, but with the help of much less quinine than would otherwise be necessary, was made out by Dr. SAUNDERS, of Cosham, and confirmed by Dr. GEORGE PRICE, of Jessore, and others.

Sea-sickness is amongst the mysterious states which seem to admit of considerable relief by this remarkable drug, as was shown by Mr. CROCKLEY CLAPHAM in 1875, and by Mr. LEESON'S article in July. Dr. ATTHILL'S cases of post-partum hæmorrhage, treated by injections of hot water, were very much calculated to take us out of one of our obstetric ruts. Dr. CHARCOT'S papers on the use of metals in grave hysteria disturb our faith in the completeness of our doctrines on that subject. In tetanus the fact that chloral seems to give more relief, and figures in successful cases more than almost any other remedy, comes out this year as in previous ones. The vomiting of pregnancy was shown to be relievable in many cases by the application of nitrate of silver to the cervix uteri in a paper contributed by Dr. JONES, of Chicago, and Dr. MARION SIMS, though the fact was well known years ago to English gynæcologists. Iodide of potassium grows in reputation as a remedy for diseases not necessarily syphilitic. Its use in asthma, as many practitioners and sufferers amongst us have found out, was emphasised in a communication to the Academy of Medicine by M. SÉE in April. The troublesome affection of incontinence of urine in children was shown, in a letter by Dr. MCINTYRE of Rotherfield, to be frequently cured by reduction in the amount of animal food. Mr. TEEVAN reminds us of Dr. JOHNSON'S doctrine that bad cystitis may be cured by a diet of milk. Two striking cases of complete or partial cure of elephantiasis Arabum, by ARTHUR J. M. BENTLEY, were recorded by us on the 1st of June. We must again refer to the cases of whooping-cough of Mr. GEO. W. COLE, Taranaki, New Zealand, treated by carbolic acid, and to others of a similar kind. Amongst promising researches which have received new attention we may mention those on the action of hyoscyamine and sodium ethylate. The action of hyoscyamine is still uncertain; occasionally it acts poisonously, and it is well to remind our readers of Dr. COGHILL'S observation that its poisonous action, like that of belladonna, is antagonised by morphia. The terrible importance that diphtheria has acquired leads us to refer to the account of twelve cases analysed by Dr. VAN WAGENER in the *New York Journal*, in which steam inhalations, local applications of carbolic and salicylic acid, with beef-tea, milk punch, quinine and iron, were the remedies principally relied on. The value of the local application of carbolic acid in small-pox, suggested so long ago as 1868 in THE LANCET, by HORATIO YATES, of Kingston, Canada, is a very important question, scientifically as well as practically considered. It seems to abort the pustules, but it wants to be tested in unvaccinated cases. We have come to the end of our space before we have even mentioned all the valuable hints which have been made in practical medicine during the year. We cannot forbear a word of gratification over the fact that the preparations of salicylic acid, notably, perhaps, salicylate of soda, hold their reputation in controlling acute rheumatism.

The progress of Surgery during the past year has been highly satisfactory. Although the novelties may have been few and unimportant, distinct advance has been made in surgical art. The following are among the most noticeable features: the growth and improvement in orthopædic surgery, as illustrated by the use of plaster-of-Paris and other immovable jackets in cases of angular and lateral curvature of the spine, by the performance of subcutaneous osteotomy for the rectification of deformities, by the employment of better modes of treating acute and chronic diseases of the joints, and by the treatment of spina bifida with iodo-glycerine injections; the increased confidence of surgeons in dealing with both internal and external aneurisms by ligature, compression (digital, mechanical, and elastic), acupuncture, electro-puncture, and by other means; the bolder character of so-called peritoneal surgery, whether for the removal of ovarian and other tumours, the freeing of obstructions, the extirpation of viscera, the search for wounds and other injuries, the making of an artificial mouth or artificial anus, or merely for diagnostic purposes; the successful excision of large portions of the rectum for the relief or cure of cancer, and other malignant growths; and, lastly, the employment of nerve-stretching for cure of neuralgia, or as an auxiliary in the treatment of tetanus. We are free to confess that, for all this, we are in a large measure indebted, directly and indirectly, to the success of the antiseptic mode of treating wounds. It would be difficult, if even it were practicable, to apportion to each one his proper share in the improvements we have here referred to, and we have therefore preferred to omit names. This we do with less hesitation because the indexes of our volumes give, under the different headings, a better and a safer clue than any which we could possibly offer in this necessarily brief and fragmentary summary. It remains to notice a few specialties. At the early part of the year a paper, prepared by Sir HENRY THOMPSON, was read at the Medical and Chirurgical Society detailing this gentleman's complete surgical experience of the treatment of stone in the bladder in the adult male. This experience included 500 cases of stone in the bladder in 420 different men over twenty years of age, the details of which were given in our columns (vol. i., p. 383). The later months of the year made our readers acquainted with Professor BIGELOW'S method of crushing the stone and removing the fragments at one sitting, and last October the members of the Clinical Society had the satisfaction of witnessing a demonstration by Professor BIGELOW himself of this method of litholapaxy. In April last Mr. HENRY SMITH published in our columns his fourth series of cases of hæmorrhoids and prolapse of the rectum treated by clamp and cautery, making a total of 530, no death or serious mishap having occurred in the last 215 consecutive cases. The same gentleman recorded in our columns in August last an interesting case of successful operation in imitation of Mr. LISTER for ununited fracture of the patella. Mr. THOMAS SMITH recorded a curious instance of extreme fragility and friability of the anterior fold of the axilla, which was extensively lacerated during an attempt to reduce a dislocation of the corresponding humerus. Mr. JAMES BARRON, of Sunderland, recorded an interesting case of consecutive excision of both knee-joints in a man aged forty-five. Professor TRENDELENBURG, of Rostock, has had a successful case of gastrostomy, which was reported in our columns by Dr. W. THOMSON, of Peterborough; and Mr. MESSENGER BRADLEY, of Manchester, recorded a case in which the patient lived twenty-eight days after the operation, death occurring apparently from exhaustion.

In Obstetrics, the difficult question of pregnancy complicated by cancer of the genital canal, together with its treatment, was

elaborately discussed by Dr. HERMAN in a paper read before the Obstetrical Society of London. The subject of puerperal fever and its prevention has been considered by a committee of the Obstetrical Society of Berlin, and they have published their conclusions in a report which was laid before the Prussian Minister of Health. They find that puerperal fever kills more women in the country in Prussia than in Berlin, and recommend for its prevention and extinction cleanliness and thorough disinfection, reporting to the sanitary authorities any cases of the disease, and a more stringent supervision of midwives. BATTEY'S, or the operation for spaying women, has been much discussed, but more abroad than in this country. Papers on the subject have been written by HEGAR, MARION SIMS, BATTEY, GOODELL, and others. The literature of the subject is as yet not such as to justify any definite opinion upon the merits of the operation. In some cases the results have appeared such as to justify spaying, while in others they have been disappointing, and in others, again, the operation has proved fatal. A greater knowledge of the physiology and pathology of the ovaries and greater accuracy in diagnosis appear necessary before the operation can take its place among legitimate surgical procedures. Uterine displacements have been discussed again both in England and abroad, but no new light has been thrown upon their pathology or treatment. The profession appears to be as far from unanimity as ever as to the kind of treatment required, or, indeed, as to the necessity of any treatment. The treatment of ovarian tumours has undergone further improvement: LISTER'S antiseptic method has been used in ovariotomy, and with very favourable results, especially in the hands of KEITH and THORNTON—the former having operated forty-two times in succession without a death. An old operation, in lieu of Cæsarean section, has been revived by Dr. THOMAS, of New York—Gastro-elytrotomy, or, as Dr. THOMAS prefers naming it, Imparo-elytrotomy. It is, as yet, on its trial, and may be had recourse to instead of the Cæsarean section in cases in which delivery cannot be effected by craniotomy or cephalotripsy.

The history of the College of Physicians for the year contains little to notice. On March 25th last, at a special meeting of the College, the question of the admission of women to the licence of the College was discussed, and on the motion of Sir GEORGE BURROWS, F.R.S., the College, with some fifteen dissentients, decided against the proposal to admit women to its licences. The College showed a decided indisposition to join voluntarily in any conjoint scheme which involved the compulsion to give its licence to women. The Croonian Lectures of this College, "On Points connected with Diabetes," by Dr. F. W. PAVY, were reported fully by us. So were the Lumleian Lectures, "On Insanity in its Legal Relations," by JOHN CHARLES BUCKNILL, M.D. The Gulstonian Lectures were by Dr. FERRIER, on the Localisation of Cerebral Disease. The Harveian orator was Dr. BURDON SANDERSON.

At the Royal College of Surgeons of England the registration of medical students has been abolished. In June Mr. SPENCER WELLS'S Lectures were delivered from the Hunterian chair of the College, which attracted considerable attention. In July last Mr. ERASMUS WILSON was re-elected into the Council, and Mr. JOHN GAY and Mr. EDWARD LUND were elected members of the Council; Mr. JOHN SIMON was elected President, and Mr. LUTHER HOLDEN and Mr. ERICHSEN Vice-Presidents. Mr. JONATHAN HUTCHINSON succeeded Mr. SPENCER WELLS as Professor of Surgery and Pathology; and Mr. ERASMUS WILSON retired from the professorship of Dermatology, which he founded in 1869, and has since exclusively occupied. On his resignation, the Council took means to secure the abolition of the chair, and the appropriation of the fund for the promotion of Pathology by research and lectures among the members of the College. Candidates rejected in Anatomy and Physiology at the first membership examination will in future be referred for six, instead of three months, as heretofore. Although the College has provisionally accepted the Conjoint Scheme, and has appointed representatives on the Committee of Reference, the fate of the scheme is still uncertain, and the ultimate adhesion of the College perhaps more than doubtful, unless the scheme be made compulsory for all the divisions of the United Kingdom. The Midwifery Examining Board i still *in nubibus*, and is likely to remain so.

In the "Mirror" we have continued to give reports of selected cases from the various metropolitan and provincial hospitals, as well as from foreign and colonial hospitals. All the cases have presented some points of special interest either in diagnosis and treatment, or in pathology and morbid anatomy. The following cases are especially worthy of mention. Sudden coma and paralysis, followed by death, hydatids found in pineal gland, liver, and peritoneum, reported by Mr. HERBERT SMITH, house-surgeon to the Sussex County Hospital; acute yellow atrophy of the liver, under the care of Dr. KEBBELL, physician to the same hospital; gangrene of the lung in a case of lead-poisoning, under the care of Dr. RALFE, of the Seamen's Hospital, Greenwich; cases of empyema treated by aspiration, by Dr. GOWERS, Dr. GOODHART, and others; a case of acute rheumatism, under the care of Dr. ORMEROD, of the Metropolitan Free Hospital, in which the temperature is alleged to have reached 115·8° F., the patient recovering. Among the surgical cases have appeared—several cases of aneurism, treated in various ways, and one of popliteal aneurism, recorded by Dr. SWABY-SMITH, in which the aneurism was apparently cured by the accidental detachment of a clot during examination; two cases of sarcoma of the popliteal space, treated by Mr. BERKELEY HILL and Mr. BELLAMY respectively; a case of successful extirpation of epithelium of rectum, by Mr. HARRISON CRIPPS; three cases of fracture of the pelvis, with laceration of a large vessel, reported by Mr. H. O. LUCAS, house-surgeon of the West London Hospital; and a case of fracture of pelvis, under the care of Mr. GEORGE LAWSON, of the Middlesex Hospital, in which the head of the femur was driven through the acetabulum without fracture of the femur; lastly, a case of amputation of the lower third of the forearm, by Mr. SAVORY, showing that phthisis need not be a bar to operative interference. Indeed, in this case, and in a case of amyloid disease of the liver and kidneys, in which Mr. GAY performed secondary amputation at the hip-joint, the general condition greatly and rapidly improved after operation.

No review of the year would be complete which failed to include the proceedings of our Medical Societies within its limits. These bodies, indeed, present us with a fairl

faithful reflex of current progress in medicine, and their activity may be taken as indicative of the zeal with which inquiry is being pushed. It is true that, from the nature of things, the amount, or rather the kind of work, is of very varying degree, and occasionally a society may appear to be less active in one year simply because in the preceding year its progress had been striking and rapid. Again, the subjects under consideration run in grooves, and if called upon to indicate the direction in which, perhaps, most work has been done at some of the chief societies during the past year, we should unhesitatingly give the palm to dermatology. This fact—the growing cultivation of dermal pathology—seems to indicate not only that there is great zeal and energy amongst workers in this subject, but that at present there are many gaps to be filled in our knowledge of cutaneous affections. At the same time, general medicine is not, perhaps, sufficiently represented, and an impartial survey of the year's work at the societies shows, in comparison with former years, rather a deficiency in contributions from sources which may reasonably be expected to yield them. The like can hardly be said of surgery, which continues to receive a full share of attention. With no desire to be captious or over-critical, we may simply draw attention to the lack of notable contributions in medical subjects, and pass on to summarise as briefly as possible the work that has been done in the past year. The chief place must be given to the Committee appointed by the Royal Medical and Chirurgical Society, some two years ago, to investigate the relations between membranous croup and diphtheria. That Committee, of which Dr. WEST, and subsequently Dr. DICKINSON, was chairman, have this year concluded their labours, and embodied their conclusions in a report which was received by the Society at its first meeting after the summer recess. As yet the report has not been discussed, it being deemed advisable to have it circulated among the Fellows of the Society previous to taking it into consideration. It is sufficient here to state that the main conclusion was in favour of the view of the identity between membranous laryngitis and diphtheria, the Committee urging the employment of the term "croup" to denote simply clinical phenomena, and not to indicate any special anatomical condition. As connected with this subject may be mentioned the paper by Mr. R. W. PARKER, lately read before the same Society, upon Tracheotomy in Membranous Laryngitis, which gave rise to an interesting discussion. The author's suggestions for the careful management of the after-treatment of these cases were fully justified by the somewhat remarkable success with which their practical enforcement had been attended. Early in the year, Sir HENRY THOMPSON communicated a summary of his experience of five hundred operations for stone in the bladder in the male adult, and the high authority of the writer upon this special subject attracted a very large meeting, whilst the ensuing debate was shared in by several provincial as well as metropolitan surgeons. Dr. VIVIAN POORE's paper upon Writer's Cramp and Impaired Writing Power must also be singled out as one of the notable contributions of the year, dealing as it did with a large number of some of the most obscure of nervous disorders, and being the first attempt that has been made at their systematic differentiation. Dr. PERCY KIDD's paper on the Pathology of Hæmophilia, showing extensive vascular lesions throughout the body, is important also as one of the first attempts to demonstrate the organic changes underlying the hæmorhagic diathesis. The subject of distal ligature for the cure of innominate aneurism was again treated by Mr. BARWELL, and illustrated by two very successful cases. In the discussion arising out of this paper it was remarked that the good results obtained would give an impulse to surgical interference in the treatment of these aneurisms involving large vessels. The Pathological Society was occupied for several meetings with the exhibition of specimens bearing on diseases of the lymphatic system, including lymphadenoma and leukæmia. The ground thus traversed was vast, and the subject, it must be confessed, was by no means exhausted. The matter was introduced by Dr. WILKS, who dwelt chiefly upon the labours of Dr. HODGKIN, in establishing the existence of the affection which subsequently has been linked with his name. A large amount of valuable material elucidating the nature of lymphadenoma was contributed by Drs. GREENFIELD, GOWERS, GOODHART, WHIPHAM, and others. The time thus devoted was well spent, not only for the light thrown upon the pathology of lymphadenoma, but also for the accumulation of facts for future observers to draw upon. It is hardly possible to single out from among the rest of the work of the Society any contributions calling for special notice here; the most recent of which—viz., those of Dr. THIN and Drs. TILBURY and T. C. FOX, upon the pathology of rodent ulcer, have led to a discussion still fresh in the memory of our readers. Dr. THIN controverted the statements of previous observers, and expressed his belief that the affection arose from the sweat-glands—that, in fact, it was of the nature of an adenomatous new growth; whereas Drs. TILBURY and T. C. FOX maintained it to be a purely epithelial growth arising probably from the hair-follicles. The upshot of the debate was to show that histological criteria, apart from clinical course and development, do not suffice to establish the nature of this remarkable affection. At the Clinical Society, amongst medical subjects may be noted Dr. MURCHISON's paper on the Period of Incubation of Scarlet Fever, and of some other Diseases; and the case of Yellow Fever, related by Drs. LEOGATT and GREENFIELD; whilst lately the question of tapping pulmonary cavities has been raised in a paper by Dr. C. T. WILLIAMS; and the subject of bromide eruptions has been dealt with by Drs. FOX and CROCKER. Surgical communications have been numerous, including the case of removal of papilloma of the larynx, by Mr. LISTER and Dr. YEO; Mr. GOULD's case of spina bifida, cured by injection of iodine; two cases of suprapubic operation—one for the extraction of a large vesical calculus by Mr. HUTCHINSON, the other for the relief of stricture by Mr. HOWSE. Both these papers gave rise to considerable debates, the latter especially, when the numerous methods of operation for the relief of impermeable strictures were passed in review by the respective speakers. At the same meeting, Dr. BIGELOW, of New York, gave a demonstration of his plan of litholapaxy. Osteotomy has again been discussed—this time introduced by a paper by Mr. REEVES upon the operation as applied to the relief of genu valgum. The last meeting of the year was occupied by an

excellent debate upon the use of ESMARCH's bandage in the treatment of popliteal aneurism, arising out of two cases related by Mr. HUTCHINSON. The Medical Society, at one of its earliest meetings, was occupied with the paper by Dr. FOULIS, of Glasgow, on a case of Extirpation of the Larynx, the patient being shown to the meeting, and the action of the ingenious artificial voice-organ successfully demonstrated. At another meeting Mr. BRYANT read a paper upon the Surgical Treatment of Intestinal Obstruction. And, lastly, two evenings have been devoted to a very thorough discussion upon the merits of Sayre's jacket in the treatment of spinal curvature, introduced by Mr. OWEN—a matter which, early in the year, was also discussed at the Clinical Society upon some cases brought forward by Mr. B. HILL. An important innovation in the proceedings of the Medical Society has also recently been made, in the setting apart of some evenings to histological demonstrations. The first of these meetings was devoted to a demonstration of certain skin affections by Drs. TILBURY and T. C. FOX. The Lettsomian Lectures in connexion with this Society were delivered by Mr. FRANCIS MASON, who took for his subject the Surgery of the Face. The Fothergillian Medal was awarded to Dr. MILNER FOTHERGILL for his essay on Antagonism in Therapeutic Agents. At the Harveian Society the lecturer for the year has been Dr. HUGHLINGS JACKSON, who dealt with the subject of the Diagnosis of Nervous Diseases. At the Epidemiological Society there have been papers on the Origin of Infection by Dr. THORNE THORNE, on Plague and Typhus in India by Surg.-General MURRAY, and a suggestive contribution upon Infection from a Darwinian point of view by Dr. HUBERT AIRY, besides other contributions. The Obstetrical Society of London has been active during the past year in carrying out a scheme for the education and registration of midwives. The rules and regulations, drawn up by a committee of the Council, were adopted by the Society and laid before the Lord President, who referred them to the General Medical Council, by whom they were in the main approved. The principle of the scheme was afterwards embodied in the Medical Bill brought before Parliament last session by the Government. Such, in brief, is the record of work done by the Medical Societies of the metropolis. Equally active in their labours have been many of the provincial Societies, one of which, the Bristol Medico-Chirurgical Society, has signalised the year by publishing its first volume of Transactions.

The year 1878 must be reckoned an important one in the history of the Medical Council. The Council met three times under disturbing circumstances. It met first in April, again in June, and yet again in October. These three meetings were occasioned, not by any energy of purpose in the prosecution of the consideration of medical education begun last year, but by the attempts of the Government at medical legislation. Early in the session, the Government brought in its Medical Bill, which we comment on elsewhere; and the Council naturally came together to discuss it. The first meeting of the Council was remarkable for an attempt to reverse its oft-repeated resolutions on the subject of a consolidation of the examining boards of the country. The Bill of the Government was in the first instance framed so as to leave the examining bodies to their "own sweet will" as regards conjunction. The Scotch and Irish corporations were delighted, and saw a fresh lease of that individual action which has made examinations so fragmentary and inefficient. The friends of progress fortunately triumphed in the Council, but only by a majority of 14 to 10. The supporters of the amendment included Dr. HALDANE, Dr. WOOD, Dr. SCOTT ORR, Mr. TURNER, Dr. PETTIGREW, Dr. AQUILLA SMITH, Mr. MACNAMARA, Dr. APJOHN, Sir DOMINIC CORRIGAN, and Dr. FERGUS—in other words, every Scotch and Irish member but one, the Crown member for Ireland, Dr. HUDSON. This meeting of Council will also be remembered by another resolution, in which the Council opposed a very proper clause in the Government Bill, and one which we shall hope to see reinserted in all its original force in any subsequent measure. This was a clause to give to the Council the duty of framing Examination Rules for the future regulation of courses of study, and of the licensing boards. It was a clause to make the Council strong and useful; to give effect to its recommendations; to make it, in fact, an authority, superseding, as regards the regulations of study and examination rules for obtaining a licence to practise medicine, the individual authority of the nineteen bodies with whom authority now rests. But with one consent this great and just proposal of the Government was rejected, showing that the members of the great Council of Medicine never lose the lesser consciousness that they are representatives of individual bodies, whose traditional authority must by all means be maintained. A striking feature of the Government Bill was to provide a scheme for examining, licensing, and registering dentists, and a similar scheme for examining, licensing, and registering midwives. With certain reservations, the Council, forgetting the arrears of its own proper work, accepted new duties imposed upon it in these clauses. In consequence of various and important changes in the Government Bill, and an apparent difficulty in the Government rising to the resolution to compel conjunction of all the bodies in Schedule A, the Council again met in June and reaffirmed its principal views. The chief new act of the Council on this occasion was to resolve, on the motion of Sir WILLIAM GULL, *that the constitution of the Council needs revision*. Five members of the Council did not vote on this memorable occasion—viz., the PRESIDENT, Dr. ANDREW WOOD, Mr. TURNER, Dr. QUAIN, and Mr. SIMON. To do them justice they even did *not* vote *against* the resolution. The meeting of the Council in October was necessitated by the passing of the Dentists Act, which gives the supervision of education and of registration of dentists to the General Medical Council—a duty involving huge labour to the Registrar, and little credit or satisfaction to the Council. Already something like 2500 dentists have been registered, the majority having had previously no medical education or status. This prodigious labour must be most hindering to the proper work of the Council, and would throw it back most seriously were it not for the industry and clearheadedness of the Registrar, Mr. W. J. C. MILLER. In its meetings the Council sat this year fifteen days.

We should feel it a duty here, and in this connexion, to describe at length the Medical Acts Amendment Bill introduced by his Grace the Duke of RICHMOND into the House of Lords in March; but the main features of it are so

familiar to our readers, and have been so traversed in the year's account of the General Medical Council, that we need not dwell on them here further than to say that it was a bold yet timid, ambitious yet submissive attempt, by the State to place part of the medical institutions of this country on a permanent basis. Its timidity and weakness proved its failure. The Lord President showed a most courteous disposition to hear all sides. But he heard some of them as though he heard them not; and, with surprising determination, even now seems to have the notion that he can patch up the Act of 1858 without dealing effectually with the Medical Council. We shall never forget, however, the contribution rendered to this subject by Clause 14 of his Bill, and shall yet hope to see it in its entirety become law. If he will but make a good Medical Council, and give it power and the responsibilities of power, he will do more to advance and magnify Medicine and help the State than by conferring immortality on effete and superseded Corporations. It was amazing to see a strong Government introduce an amending Bill in 1878 permitting bodies to unite whose strong dislike to unite was well known to have been the bar to proper examinations for twenty years past. It was only less surprising to see the Government attempt to pass a Bill leaving out the question of the constitution of the Council. Let us hope that it has learnt a lesson, and will yet bring credit to itself by amending the Medical Acts.

We have little space to notice the Meetings of Associations. The meeting of the British Medical Association at Bath was small, and not characterised by any events of great interest. A few striking cases were reported in the sections—notably one of divided nerve by Mr. WHEELHOUSE, of Leeds, in which recovery of nerve-power was secured by uniting the end of the sciatic nerve after nine months' separation; and a case by Dr. MARKHAM SKERRITT of functional hæmianæsthesia, with ischæmia and muscular rigidity, in a man aged forty. The question of allowing women to be members of the Association had been raised in the early part of the year; and, in spite of an eloquent appeal from Mrs. Dr. ANDERSON at Bath, it was judiciously decided to exclude women henceforth from the membership.

The Medico-Sanitary History of the War between Russia and Turkey which has recently closed is still very imperfectly known. Of the losses of the Turkish forces engaged in the war it is unlikely that any accurate account will ever be forthcoming. Very early in the war it became obvious that no trustworthy records were kept of the sick and wounded, and, as the war progressed, the state of disorganisation into which the Turkish troops fell, who suffered most from exposure and want of almost all the necessities of life, forbad even an attempt at a systematic record of their losses. Typhus, dysentery, and scurvy—the three great scourges of ill-found armies—it is known made awful ravages among the forces both in Egypt and Asia Minor, and contributed more, perhaps, than the losses the Turks suffered from fighting to the success of Russia. Russia made special arrangements for correctly recording the losses to which her troops would be subjected by sickness and wounds during the war, but she has not yet given the record to the world. The time, no doubt, will come when a complete medico-sanitary history of the Russian armies both in Bulgaria and in Asia Minor will be published. At present it can be merely stated generally that her losses were enormous, especially by sickness. These forces also suffered, and in a scarcely less degree than the Turkish, from typhus, dysentery, and scurvy, and there is good reason to believe that Russia barely escaped disaster, soon after she had hemmed in Constantinople, from the enormous development of sickness in her camps. An important feature of the war was the special activity of the Red Cross Societies during its continuance. The English and Turkish societies did most excellent service in Bulgaria and Asia Minor, and their work, pursued under the greatest disadvantages, forms the one bright point in the otherwise dismal picture of the struggle from the Turkish side. The work of the Russian Red Cross Society will at all times throw a luminous halo over the events of the war as studied from the Russian side. The society successfully emulated the efforts of the Volunteer Soldiers' Aid Societies of the United States during the civil war. Indeed, perhaps more might be justly said; for, starting with the vantage-ground of the experience gained during the civil war in the United States and in the Franco-German war, the Russian Red Cross Society was enabled to organise its operations with a completeness and economy of money and of service which cannot be too greatly admired. Everyone, from the Empress to the peasant, gave a helping hand, and at no time perhaps did women play so active a part in soothing the sufferings of sick and wounded soldiers at the actual seat of war.

The Sanitary legislation of the session 1878 was important in more than one respect. Four Acts of Parliament were passed by the Legislature: two specifically coming under the designation "sanitary," as that word has come to be used in legislative matters; two virtually, if not formally, sanitary. The Acts in question were the Public Health (Water) Act, 1878; an Act to amend the law relating to Baths and Washhouses; the Contagious Diseases (Animals) Act, 1878; and the Factory and Workshops Act, 1878. The Public Health (Water) Act, 1878, although amending a cardinal defect in our public health law, was not introduced into the House of Commons by the Government, but by private members, the Government, it is reported, somewhat unwillingly assenting to its introduction. This Act provides that every occupied house shall have a supply of wholesome water sufficient for the consumption and use for domestic purposes of the inmates of the house, and making it the duty of the sanitary authority to see to the provisions of the Act being carried out. The Act to amend the law relating to Public Baths and Washhouses enables sanitary authorities to provide covered swimming baths. The Contagious Diseases (Animals) Act, 1878, contains incidentally, as it were, a provision for the regulation and inspection of cowsheds and dairies, with a view of preventing the dissemination of infectious diseases through the agency of milk, and generally to secure the orderly management of these places. This important provision seems strangely out of place in an Act relating to veterinary matters, and which is under the central supervision of the Privy Council, and not of the Local Government Board—the health department, such as it is, of the Government. The

Factory and Workshops Acts, 1878, consolidates and amends the Acts relating to factories and workshops, and constitutes a comprehensive sanitary measure relating to these places of labour.

The discord between local sanitary administrators and central sanitary administration, as represented by the Local Government Board, has grown deeper and wider during the year. The feeling has become all but universal in the profession that until Public Health administration is separated from Poor-law administration, and a Ministry of Health established, there will be no escape from the confusion and difficulties into which the Local Government Board has plunged local authorities throughout the kingdom. Just as something like unanimity of judgment has been established among the profession on this question, and is very generally concurred in by the local authorities, the Local Government Board has taken the opportunity afforded by the publication of its seventh annual report to review its own proceedings, and congratulate itself on the successful execution of the duties entrusted to it. It takes credit to itself for its own organisation, the establishment of local sanitary authorities, the consolidation of the law, and the formation of bye-laws; and states that in these respects "its work may be said to be complete,"—adding, "what now chiefly remains, at least for the present, is to encourage, instruct, and guide the local authorities in the discharge of their responsible duties." The two views of this subject, as expressed by the profession and local authorities on the one hand, and by the Central Authority on the other, are not so antagonistic as might at first appear. For it has been the very want of that "encouragement, instruction, and guidance" in the performance of local duties by the sanitary authorities, during the seven years of "organisation and inspection" with which the Local Government Board has occupied itself, that has so largely frustrated the objects of that organisation, rendered futile much of the best work of sanitary reform in recent years, and thrown sanitary progress back for an undeterminate period. Moreover, what sort of instruction and guidance are we to look for from a Board which can deliberately forego its highest privilege in fitting itself for such instruction? Leicester, during the past year, wearied of its pre-eminence for fatal infantile diarrhœa, and of unavailing local efforts, as it appeared, to solve the mystery of this pre-eminence, applied to the Local Government Board for the aid of one of its medical inspectors to help in getting to the bottom of the difficulty. In other words, Leicester played into the hands of the Board the trump card, so to speak, of the questions affecting sanitary authorities; but the Board rejected the card—refused the assistance. Again, the Metropolitan Asylums Board asked the Local Government Board to institute an inquiry as to the peculiar conditions which have led to the recent exceptional fatality of small-pox in the metropolis. Again the Board refused! If the Board refuses to instruct itself on matters of this kind, how does it propose to instruct others? Not to be unjust, however, it must be stated that the model bye-laws issued by the Board are excellent specimens of the sort of instruction the Board can give if it works in one direction, and Dr. BALLARD's inquiry into effluvium nuisances, of which a report as to part appeared in the report of the medical officer (Dr. SEATON) early in the year, is a remarkable example of the value of the sort of inquiry which the Board has foregone in the case of Leicester and of the metropolis. Dr. SEATON'S report (1876–77), to which reference has just been made, proves that the traditional fame of the Medical Department will not suffer in his hands unless its higher work is restricted by the Board. This report, which by publication belongs to the present year, in addition to Dr. BALLARD'S first report on effluvium nuisances, just referred to, contains several valuable reports by Mr. NETTEN RADCLIFFE on questions of hospital hygiene, and a report on the progress of Levantine plague in 1875-77 by the same gentleman.

The year will be memorable in the Epidemiology of this country for the work done in respect to diphtheria by Dr. THORNE THORNE and Mr. W. H. POWER, of the Local Government Board, both in the course of official inquiries concerning local outbreaks of the disease. The former has struck a vein of research in showing the probable relationship of diphtheria to previous prevalent and seemingly simple sore-throat in the locality of outbreak, which promises rich results; the latter has shown that a particular outbreak was undoubtedly caused by diffusion of the infection in a milk-supply, and there is some reason to believe that this infection may have been derived direct from the cow.

Plague has happily disappeared from the record of foreign epidemics, immediately concerning this country, during the past year; but cholera has taken its place in the East, while yellow fever has been manifesting unwonted activity in the West. Just as the later days of December, 1877, were drawing to a close, cholera, which earlier in that year had manifested a tendency to spread westward from its home in the far East, broke out at Mecca. The great Mahommedan pilgrimage for that year had come to an end and the pilgrims were dispersing when the disease showed itself. The city suffered little, but some of the caravans proceeding north, east, and south (of the western caravans nothing is known) escaped, and the disease clung to them for many miles on their way homewards. The malady was carried to Medina, and caused a slight loss of life there; it was also carried to Jedda and other towns on the coast. Some extension also took place among the population of Jedda. But although the outbreak in the first instance had been violent, the subsequent spread showed little activity of diffusion—whether from the fact of the slight infectiveness of the disease, or from its manifestation having occurred at a time of general dispersion of the pilgrims and under conditions little favourable to its dissemination, is not clear. A few cases occurred among pilgrims placed in quarantine in the Gulf of Suez, but Egypt escaped, and it was believed that the measures of quarantine adopted by the Egyptian Government had sufficed to keep the disease from passing northwards of the Isthmus of Suez. In August, however, cholera appeared in Morocco, and Europe had once again to learn the lesson of the futility of quarantine against the disease. The disease, according to the latest news, still existed in Western Morocco, along the seaboard. The extension of cholera referred to was no doubt an offshoot of the great cholera epidemic of 1875-76 in India. The literature of this epidemic promises to be peculiarly rich. We have received in the course of the present year reports of exceptional value by Dr. TOWNSEND, first as acting Sanitary Commissioner with the Government of India, and next as Sanitary Commissioner for the Central Provinces; from

Dr. BRYDEN, Drs. D. D. CUNNINGHAM and T. R. LEWIS, Dr. CORNISH (Madras), Dr. HEWLETT (Bombay), Dr. COATES (Bengal), Dr. DE RENZY (Assam), Surgeon-Major BELLEW (Punjab), and Surgeon-Major PLANCK (North-Western Provinces). Surgeon-Major PAYNE, the Health Officer for Calcutta, in his various reports, contributes much invaluable information as to cholera in that city. Surgeon-Major PLANCK'S report gives a specially interesting history of prevalence of bubonic plague in 1876–77 in circumscribed localities on the Himalayan slopes in the districts of Kumaon. We miss Dr. J. M. CUNINGHAM'S name from the reporters and discussers of the cholera epidemic of 1875–76.

The current year has not been in any way remarkable for noteworthy events in connexion with port sanitary work. Yellow fever has devastated the ports as well as the inland cities and towns of the United States; but, as all our readers know, the average temperature of the United Kingdom does not suffice to perpetuate this disease, even if imported into this country by the shipping, and no case, as far as we know, has arrived during the year. The attention of the Port of London sanitary authority was drawn to their probable responsibilities under the terms of the Rivers' Pollution Act in consequence of the *Princess Alice* collision, the deplorable loss of life occasioned thereby having been said to be in some sort of way influenced by the foul condition of the stream in which the accident occurred. A report on the state of the River Thames was therefore published in THE LANCET, which went very fully and, as it was thought, almost exhaustively into the question. The report, which has been very extensively quoted, and particularly by the Metropolitan Board of Works, goes to prove that, though it is decidedly sensational, if not absurd, to record that the unfortunate victims of this casualty were poisoned as well as drowned, yet evidence enough was given at the inquest and at collateral inquiries to show that the metropolitan main drainage outfalls pollute the Thames to a very serious extent, can be fairly classed, by the terms of the Public Health Act, a nuisance, and hence should be removed with the least possible delay; and when the matter comes before the Legislature (as it assuredly will do in a definite form next year) there is little doubt that the light thrown upon the subject in the pages of this journal will be utilised for the public benefit.

It is matter for regret that nothing has been done during the year to remove the causes of dissatisfaction among the officers of the Army Medical Department and the feeling of distrust among the junior members of the profession and the medical students, which have for the last five years prevented an adequate supply of candidates from coming forward for admission into the service. In February the Secretary of State for War appointed a committee to inquire into the causes of this dissatisfaction and distrust, and to report upon the measures which seemed necessary to remove them and to induce a sufficient number of well qualified men to join the department. The inquiry was one of so extensive and important a nature that the committee did not present their report till the beginning of September. In the meantime Mr. GATHORNE HARDY, who had appointed the committee and was conversant with the details of the subject, had been removed to the House of Lords and been replaced by Colonel STANLEY, whose time was much occupied in making himself acquainted with the duties of War Minister, and who had also additional work thrown on his department by the occupation of Cyprus and the unsatisfactory condition of the troops there. This, with the loss of time caused by a visit to our newly acquired island, has prevented him taking any action in the matter, nor has he as yet given any indication of his views with regard to the recommendations of the committee. As a result of the acknowledged improbability of a reasonable number of candidates coming forward, and of the measures requisite for the improvement of the service being under consideration, no examination of candidates for the Army Medical Department was held during the year. The amount of sickness among the troops in Cyprus gave rise to considerable public discussion, but we are not aware that the medical arrangements for them were called in question. Two grave errors appear to have been committed; the first, that of sending troops to the island in the middle of the hot and most unhealthy season of the year, and the second, the selection by the military authorities, without any consultation with the principal medical officer at Malta or the head of the Medical Department, of two regiments which, from their antecedents, were unsuitable for that special duty. The responsibility for these two acts, however, in no way rests with the medical authorities. In consequence of the hostile operations at the Cape of Good Hope, an additional number of medical officers was required for service there. This was met by sending out about twenty civilians, all duly qualified, engaged to serve during the continuance of the war, and to receive a gratuity on its termination. When the troops to be employed in Afghanistan first took the field, it was decided by the Indian Government that the regimental hospital system should be adopted, but on reconsideration they resolved, in accordance with the advice of the principal medical officer of the British troops, submitted with the approval of the Commander-in-Chief, that the army organisation adopted by the military authorities at home should be brought into operation. A sufficient time has not elapsed to allow of any particulars respecting its working having been received, but we have no doubt it will be efficiently and zealously carried out. The subject of remodeling the Indian Medical Service has been under consideration during the year. It has been proposed to separate the military from the civil medical service, and to create a health department distinct from, and independent of, the medical. The whole question, however, is, we believe, still unsettled. An important step has been taken, during the period under review, in connexion with the reserve forces by the formation of a Volunteer Ambulance Service. A considerable number of men have already gone through a course of instruction in the duties which would devolve upon them in the field, and the results are spoken of in very satisfactory terms. The instruction has been given also to the police, to whom it cannot fail to be useful in teaching them how to act in those cases of serious injury which come so often under their notice.

All that can be recorded about the general condition of the Naval Medical Service is eminently unsatisfactory. The complaints are long, loud, and deep. It is asserted that compulsory half-pay is the great grievance,

and that other minor matters, as to cabin accommodation and general official status, make up a small heap of miseries, the result of which is the present unsatisfactory state of affairs. Many letters have reached us during the last half year strongly deprecating the tone that we have adopted in discussing this important subject. We have maintained, and at the close of the year 1878 still continue to maintain, that the Naval Medical Service is not by any means so black as it is painted by some of those who have deliberately chosen it as a source of professional income. We repeat here that the decadence of the service is doubtless due to the superior attractions offered by many other varieties of official work, but that any removal of real grievances will be best compassed by a temperate statement of the evils and deficiencies that exist, and not by violent and almost incoherent utterances, some of those received by us being "quite unfit for print."

At the beginning of the year, when the country was troubled with rumours of war, we published a special report on the contamination of the uniforms provided for the British army. These, it was conclusively proved, are sometimes made in lodgings and private dwellings where fever or small-pox is raging. Other cases were given of women inhabiting a house where there was an infectious fever, attending to the patient at night, and going during the day to work at the army clothing depôt. If uniforms thus contaminated were sent out to troops enduring the fatigues of a campaign an epidemic would very probably break out. The danger was so evident that the matter was brought before the House of Commons by Mr. TORRENS. We are glad to note that, in consequence of this agitation, some improvements have been effected in the sanitary superintendence of the workpeople attached to the army clothing depôt. The untimely death of a police-court reporter, which occurred early in the spring, created some sensation, as it was generally attributed to the foul air he was daily compelled to breathe. Our Commissioners consequently made special inquiries as to the ventilation of the police-courts. The cubic area of several of the more important courts was carefully ascertained, and every method of ventilation in vogue examined. The courts proved to be too small, and the ventilation, depending very often chiefly on the doors, was totally inadequate. As often as not, the air admitted into the court was even more foul than that of the court itself. It came from the overcrowded charge-rooms or from the noisome police-cells. After the police-courts, our Commissioners proceeded to a special investigation of the law-courts. Those of Westminster are ventilated according to elaborate and scientific principles, and are under the immediate superintendence of Dr. JOHN PERCY, whose experience in these matters is well known. Unfortunately the courts are old, and it is difficult to adapt them to modern principles of ventilation; and, further, the judges, who generally ignore the system of ventilation of their own court, often destroy its efficacy altogether by ordering the opening of the wrong windows or skylight, thus diverting the carefully-contrived currents of air, or neutralising the effects of the ventilating shaft. The courts in Chancery-lane—the Rolls Court, the Vice-Chancellor's Court, &c.—are in a perfectly barbaric state, so far at least as ventilation is concerned. Fortunately these courts are not generally so crowded.—The Windsor Town Council have at last, after a continuous amount of pressure applied by the Thames Conservators for several years, diverted their sewage from the river, and early in November we took occasion to explain the process adopted here, which has been introduced and elaborated by Mr. FRANK HILLÉ, who has already established it successfully at Aldershot, Edmonton, Tottenham, Southborough, and Taunton. The system is worthy of attention at a time when the sanitary section of our readers is casting about, here, there, and everywhere, to catch the best sewage-disposal system, which has as yet to be discovered. And among sanitary subjects must be mentioned a long-continued, though not very serious, epidemic of diphtheria at the Princess Mary's Village Homes, which has attacked many of their inmates, and the proximate cause of which does not appear, even as yet, to be quite satisfactorily ascertained.

It is a melancholy duty, while recording the progress of things and of science, to record, too, the loss of workers in the field of science. We can only mention a few of those whose deaths have been felt as a loss. In two or three cases the loss was international. Such was that of CLAUDE BERNARD, of ROKITANSKY, and of STOKES. The names of others are associated with valuable contributions to medical science and art. Such were JAMES BLUNDELL, JAMES FURNESS MARSON, FLEETWOOD CHURCHILL, and JOHN HILTON; and abroad—EDMUND RANDOLPH PEASLEE, of New York; KOVACS-SEBESTENY ENDRE, of Hungary. Dr. G. F. COLLIER, Dr. DUNBAR WHITE, of Whithorn; FREDERICK CHARLES JONES, of Southwark; THOMAS CARR JACKSON, Surgeon-Major WILLIAMS, WALTER BARTON STOTT, JAMES MACKAY CUNNINGHAM, of Carrickfergus; Dr. HENRY JEPHSON, of Leamington; GEORGE ATKINSON, of Sunderland; Mr. WILLIAM WATSON, of Lancaster; ALFRED COTTERILL, M.B. Lond., Newcastle-under-Lyme; JOHN SPENCE, F.R.C.S., of Bedale; Dr. GARDINER HILL, of Old Brompton; Mr. AUGUSTUS BARBER FRY, Dr. EASON WILKINSON, of Manchester; WM. BENJAMIN WINKFIELD, THOMAS BOYMAN KNIGHT, ROBERT WILLIS, ARTHUR BROWN STEELE, of Liverpool; EDWARD DENIS DE VITRÉ, M.D., of Lancaster; EDWARD DOWNING, GEORGE HULL, F.R.C.P., JAMES COUTTS, A.M., M.D., JAMES R. W. VOSE, M.D., W. WITTMAN THOMPSON, and ROBERT WILLIAM TIBBITS, unhappily are among the missing.

We cannot bring our summary to a close without confessing that it is but a cursory glance at a great subject. Nor can we end our work for the year without thanking the profession in every part of the world and in every branch of practice for its help.

# Annotations.

"Ne quid nimis."

## THE CORONER'S COURT AT OXFORD.

THE *Oxford Times* for Dec. 21st contains a record of most extraordinary proceedings in the Coroner's Court at Oxford. It appears it has of late been the custom of the Coroner, Mr. Hussey, F.R.C.S., a former surgeon of the Radcliffe Infirmary, in cases of death within the walls of the infirmary, to depart from the usual custom of summoning the house-surgeon to give evidence before him, and to insist

upon the attendance, for that purpose, of the officer of the infirmary under whose charge the deceased happened to have been. This custom has been the cause of great inconvenience to the surgeons, and one of them (Mr. H. P. Symonds) has had the courage to bring the question to a formal issue.

The facts were simply these:—Reuben Eales, a labourer, crushed his leg in a threshing-machine on November 9th, and was removed to the Radcliffe Infirmary, where, upon the same day, his leg was amputated by Mr. H. P. Symonds. On the 14th of December Eales died of exhaustion, and *because he had been admitted to the infirmary for an injury, the result of an accident, and for no other reason*, the secretary informed the Coroner of the occurrence, and an inquest was held on Monday, the 16th.

It appears that Mr. Morgan, the house-surgeon, a gentleman who has had the entire confidence of the staff of the Radcliffe Infirmary for several years, who was, presumably, the first to see Eales when he was admitted, and the last medical officer to see him before he died, was not subpœnaed to give evidence. The Coroner issued his subpœna to Mr. H. P. Symonds on December 14th, and that gentleman wrote a polite note to the Coroner saying that he had an appointment on the day and hour named for the inquest at Bletchington, but that the house-surgeon would be able to give all necessary information. To this the Coroner replied that if Mr. Symonds did not attend he should direct process to be issued against him. At the inquest, on the 16th, Mr. H. P. Symonds did not attend, and the Coroner accordingly adjourned the inquiry until the 18th, and issued his warrant for the arrest of a brother practitioner and the son of a late colleague.

If the Coroner had good and sufficient reason for taking this exceptional course we might applaud him for conscientiously pursuing a line of conduct which cannot but be painful to him, but we must candidly admit that we think no sufficient reasons were stated for preferring the evidence of the honorary surgeon to that of the resident officer. The reason (as Mr. Hussey, the Coroner, informed the jury) for calling Mr. Symonds was that, amputation having been performed, Mr. Symonds might inform the jury whether or not such amputation was necessary—and, in point of fact, that question was put by the Coroner to Mr. Symonds. The foreman of the jury, also following the example of the Coroner, expressed his opinion that it was necessary to call Mr. Symonds in order that, from his evidence, they (the jury) might judge whether or not the patient was in a fit state to undergo the operation. Coroner's juries never have been, and it is to be hoped they never will be, called upon to decide such questions, and, in our opinion, Mr. Hussey should have informed the jury that such a question did not concern them.

The propriety of the operation was never once called in question except by the Coroner, who seems to have treated Mr. Symonds much as a French judge treats a prisoner. At the adjourned inquest Mr. Symonds appeared in custody to give evidence, and it is painful to have to state that that gentleman had been kept in custody for some hours. Mr. Symonds was very properly represented by counsel, who soon "persuaded" the Coroner of the advisability of releasing his professional brother from the hands of the police.

The adjourned inquest was very largely attended by governors and others who were anxious to show their sympathy with Mr. Symonds, and we need hardly say that the whole affair has created a most painful sensation in Oxford, where Mr. Symonds and his father have been highly appreciated for many years, both by the University and the town.

We trust that the Coroner will see that it is often the reverse of wise to put the full power of the law in force. As to the legality of Mr. Symonds's arrest we express no opinion, but we understand that the point may not improbably be argued before one of the higher courts. Mr. Hussey was until lately the senior surgeon to the Radcliffe Infirmary, and resigned after his appointment as coroner. From every point of view this squabble is most unpalatable.

## SEPTICÆMIA.

A DISCUSSION on the varieties of septicæmia took place recently at the Académie de Médecine on the occasion of a paper by M. Colin on the different effects produced by septic material according to their degrees of alteration. In a large dose septic poisons determine rapid, sometimes sudden, toxic effects, always fatal, and produced without notable alteration of the blood, except a tendency to incoagulability, and without the reproduction of low organisms. In this case no virulent property is communicated to the blood nor to the other liquids of the economy. In smaller doses septic matters cause an adynamic febrile state, which increases or diminishes according to the resistance presented by the animals. If death occurs, lesions are found in the viscera, and alterations in the blood such as have been signalised by many observers. The proto-organisms are reproduced, at least in the parts in which the putrid agents have been deposited, and often, at the same time, in the whole mass of the blood. Certain putrid materials, the alteration of which is not too far advanced, such as blood mixed with the transudation from the intestine, the blood in splenic fever in process of decomposition, or the peritoneal serosity from bodies opened late, may alone, in very small quantity, determine a septicæmia transmissible by inoculation in the manner of most virulent diseases. In these the liquids of the body are always septic, and there is a reproduction of the organism introduced from without. Of the three classes of effects resulting from putrid agents, the first two may be produced upon all animals indifferently; the third appears to be specific, and to be obtainable only with certain species of animals. M. Bouley stated that the difference in the effect of septic agents was pointed out by Renault, of Alfort, thirty years ago—a point confirmed by M. Jules Guérin, who thought that marked differences exist between the effect of septic inoculations according as they are superficial or deep. In his reply, M. Colin made the remarkable statement that he had invariably failed to produce true septicæmia—i. e., with reproduction of septic matter—in the dog, horse, ass, mule, or sheep, either by the inoculation of putrid matter or of the blood of other animals which had died of septicæmia. He could only obtain it in the rabbit, guinea-pig, and small birds. He had never been able to produce septicæmia, in his sense of the word, even in animals the most disposed to it, as the rabbit, by the inoculation of blood from human subjects supposed to have died from the affection.

A second communication was made by M. Colin at a subsequent meeting on the causes of death in the different septicæmic and anthracoid affections. He first attempted to establish, by a series of observations and experiments upon animals, that the cause of the death of animals from these diseases does not result from either the hindrance to the movement of the blood in the capillaries, or from the asphyxia due to the absorption by bacteria of the oxygen which should go to the corpuscles, or from the depression of the temperature of the animal, or from the combination of all these causes. It is rather to be sought in the changes in the properties of the blood. The increased viscidity prevents the absorption of oxygen; the fibrine is soft; the globules allow their hæmoglobin to escape; it can no longer stimulate properly the nerve-centres, or the heart, or the other muscles. The effect of a slight trace of carbonic oxide, a little excess

of carbonic acid, or the deficiency of oxygen in rendering the blood unfit to carry on the vital functions, shows how profound is the influence of slight changes in its composition. This somewhat elementary proposition gave rise to the lively discussion with M. Pasteur, which signalises most of M. Colin's papers on this subject, in which the usual assertions and counter-assertions, experiments and counter-experiments, were made and reproduced.

## CHARITY TO THE SICK POOR.

THE severe weather of the last week, coming upon the depressed condition of the poorer classes caused by the deplorable state of trade, has increased the sufferings of the sick poor, and rendered it especially important that their necessities should be relieved with more than common promptitude, whether at the hospitals or in their own homes. Never, perhaps, was there a time of greater pressure and urgency. The rich and well-to-do should bear the appeal of humanity in mind, and give it a warm response. The hand of charity needs to be outstretched unhesitatingly, and in a spirit of pure kindliness. The growing prejudice against almsgiving might in this emergency, we think, be waived; at least, so far as to allow the impulse of philanthropy to succour the piteous suffering of the sick with more than wonted alacrity and liberality. The funds of the hospitals require exceptional help, and the crying wants of the poor in their homes call for a special ministry of help and creature comforts. Poverty begets weakness, and widespread destitution is sure to bring in its train epidemic disease. If only from a selfish motive a great and timely effort should be made to relieve the terrible want from which the people are suffering.

## THE LOWER THAMES VALLEY SEWERAGE.

CERTAIN inhabitants at West Molesey on the one hand, and certain consumers of the Lambeth Water Company's water on the other, have wrought themselves into an agony of apprehension at the proposed establishment of a sewage-farm by the Lower Thames Valley Sewage Board, adjacent to the village of West Molesey. Let it be premised that this Board consists of representatives of the sanitary authorities of the urban and rural districts of Kingston and Richmond, and of the urban districts of Surbiton, Teddington, Ham, Norton and Isleworth, and East Moseley. This Board, with the aid of competent engineers, has devised a combined scheme for the drainage of the districts it represents, of which one of the elements is the purification and utilisation of the sewage by irrigation and downward intermittent filtration upon land at West Molesey. The Board propose to apply to Parliament during the present session for power to carry into effect this scheme, and meanwhile the scheme itself, in so far as the locality of the proposed sewage-farm is concerned, is being subjected locally to a process of adverse criticism, which does infinite credit to the imaginative faculties of the critics. If we are to take as a sample of this sort of criticism the proceedings of a recent public meeting held at Thames Ditton, we must sympathise with a Board exposed to such absurd attacks and with the people of West Molesey and the neighbourhood who are made ridiculous by the proceedings. At this meeting, the gentleman who took the leading part moved a resolution, which was adopted, to the effect that "the sewage farm cannot fail to be a source of great danger to health, and very seriously depreciate the value of property in this favourite residential neighbourhood and popular resort." The mover of the resolution confessed that "he had not made himself acquainted with the matter until that day,"—namely, the day of the meeting, when, "owing to the gloomy character of the weather, he had 'read up' all that had been printed on the subject in a local journal, whose reports he took it for granted were accurate." If, instead of reading up the matter in this fashion, this gentleman had simply visited the Croydon sewage farms and ascertained the state of things there, he would have found that sewage farms are not necessarily, or even probably, sources of danger to health, or, indeed, of nuisance, and would have obtained decisive data to guide him in forming an opinion whether the locality proposed for the West Molesey farm was such as could be reasonably objected to. If West Molesey holds itself aggrieved by the proposed establishment of a sewage farm adjacent to it, and intends to oppose the scheme of the Sewage Board when it comes before a Parliamentary Committee, it will do well to discard imaginative arguments.

The argument against the proposed sewage-farm as concerns the Lambeth Water Company's supply stands upon a different, although—so far as it has yet been made known—not more real footing. The effluent water of the farm would pass into the river Mole, and so reach the Thames above the Company's works at Seething Wells. That the collected sewage from the Sewage Board's new system of sewers, if poured unpurified in bulk into the Mole, might possibly pollute the Thames more markedly for a short distance below the in-flow of the tributary stream than is observed at present, where the same sewage finds its way into the river from many points in driblets, so to speak, may be conceded; and that a sewage-farm will not always and at all times be equally active in purifying the sewage, may also be granted. But at the worst the amount of such pollution, *if the water of the river below the Mole be not used as a drinking-water*, may be discarded for all practical public health purposes. Not long ago the inlet of the Lambeth Company's supply was at Seething Wells, below the influx of the Mole. But that inlet has now, it is said, been disused, the Company's supply of water being derived from above Molesey lock—that is to say, some little distance above the junction of the river Mole with the Thames. It is intimated, however, that even the present source of supply would at times be affected by the effluent of the proposed sewage-farm, an argument which, if proved, should be fatal to the scheme. But so far as the Seething Wells works and the old inlet are concerned, the Company's supply will be wholly unaffected, *unless the old inlet is put in use as an inlet again*. Now that this inlet should be retained at all, under the plea of being used as an outlet, is a scandal of the gravest description, unless, indeed, the former inlet has been so altered that it cannot, under any circumstances, be used *as an inlet*. The Company wishes to claim credit for having of its own motion removed its inlet from Seething Wells to above Molesey Lock. The removal was, indeed, first publicly suggested in an official report made by Mr. Netten Radcliffe to the Privy Council in 1869. In that year the Privy Council directed an inquiry to be made into the frequently recurring turbidity of the waters distributed by the Lambeth and Southwark and Vauxhall Water Companies. The inquiry was conducted by Mr. Radcliffe, and he pointed out that there was no hope of bringing the water of the former company into decent order for domestic use unless its source of supply was moved from Seething Wells above Molesey Lock, and this recommendation appears to have been acted upon by the Company. Next, in the course of that inquiry, it was discovered that the Southwark and Vauxhall Company had retained an old inlet of supply from the river Thames at Battersea, just as the Lambeth Company now retains its inlet of supply at Seething Wells. It was also discovered that the Southwark and Vauxhall Company *used its Battersea inlet* when convenient. What guarantee is there that the Company may not occasionally use its Seething Wells inlet when con-

venient? The Southwark and Vauxhall Company, as a result of an inquiry made by Captain (now Sir) W. Tyler, subsequently to Mr. Radcliffe's inquiry in 1869, was compelled to alter its Battersea inlet so that it could be used only as an outlet. Consumers of the Lambeth Water Company's water will do well to take measures to secure a similar alteration of its Seething Wells inlet. The anxiety of the Company for the protection of the Thames at that point from any chance of further fouling by a sewage-farm at West Molesey is not easily explicable except on the ground that it may become convenient at times to put the present presumed outlet there to its former use as an inlet.

## AVOIDANCE OF ACCIDENTS AT SEA IN FOG.

THE captain of the steam-vessel which brought back the Prince of Wales, Prince Leopold, and Prince Christian from Flushing wisely anchored off Sheerness, rather than tempt the perils of the river in a fog. As much prudence might with advantage have been shown by other mariners, and accidents, which have been many, though happily not fatal, during the last few days, avoided. Something more than "a rule of the road at sea" is needed for the guidance of captains and masters approaching the coasts of our islands; there should be regulations rendering it obligatory to abstain from the attempt to enter a port during the prevalence of fogs, while vessels should be interdicted from proceeding down the principal rivers, or leaving their mouths, under similar conditions.

## ENTERIC FEVER AT PORTSMOUTH PRISON.

WE are now enabled to state that this disease, a fatal case of which occurred some three weeks ago in this prison, was imported by a woman who was discharged thence on the 5th ult. The woman who died (Stainer) was located on the same floor, and the imported case was so mild that in all probability it was not at first recognised. The building, as most of our readers know, is quite new, was taken over by the Government last May, and is provided with McFarlane's closets. When the actual state of things was discovered, the Home Secretary sent down an inspector from headquarters, who recommended certain permanent improvements, which are now being carried into effect.

We are credibly informed that no case has occurred in the prison since that of Stainer, though there is a great deal of typhoid about the town of Portsmouth, traceable, according to report, to the sale of infected milk.

## THE HEALTH OF HULL IN 1877.

THE Medical Officer of Health for Hull (Mr. J. F. Holden) has very recently issued his report upon the vital statistics and sanitary condition of that borough in 1877, and, unfortunately, the tardiness of its appearance is not atoned for by the completeness of its information. One of the most important features of the mortality statistics of Hull in recent years has been the excess of infant mortality, and yet, in the report before us, not only is the subject avoided, but no figures are given that render the calculation of the rate possible. We are, indeed, informed by the medical officer that "arrangements have recently been made with the registrars of the different districts by which he is now informed of the cause, &c., of every death occurring in the borough," which will enable him "in future reports to furnish more ample statistical details." The sanitary authority at Hull seems to have been a long time recognising the necessity for complete information on these points, and it would be interesting to know who is responsible for the report before us dealing with the unsatisfactory period between "24th December, 1876, and 22nd December, 1877." It appears, moreover, that 132 more deaths occurred in Hull during this period than during the fifty-two weeks ending the 29th December, dealt with in the Registrar-General's Annual Summary; this requires explanation. The death-rate in Hull in 1877 was low, as it was in most other large towns; but it is satisfactory to find that Mr. Holden plainly points out to his sanitary authority the causes, which, although exceptionally latent in 1877, will continue to render Hull liable to excessive zymotic fatality until they are removed. Old brick drains, often with soil bottoms, still abound within the borough; the system of scavenging and night-soil collection in the town is eminently unsatisfactory, and was the subject of no less than 3647 complaints of neglect on the part of the contractors during 1877; and some of the reservoirs which receive the water-supply for the borough are still uncovered, although the danger to be apprehended from this neglect was specially pointed out by the medical officer of health in his report for 1876. To these and other defects in the sanitary condition of the borough may probably be mainly attributed the remarkable diarrhœa fatality in Hull during the past summer, relating to which we must wait for further information.

## NAVAL NOTES.

H.M.S. *Flamingo*, now stationed at Gallipoli, is reported to be in a very crowded state, with great deficiencies as to the ventilating and other sanitary arrangements. It is stated that there are more than 100 men on board, and only 66 clear swinging berths on the lower deck, so that many have to sleep on lockers and mess-tables. The *Army and Navy Gazette* reports that the rumour of an outbreak of typhoid in the Mediterranean fleet is true, and that the Admiral has taken a house at Artakai for hospital purposes, so that the sick may be at once removed to shore.

## ROUGHING HORSES.

IT is much to be regretted that no ingenious farrier has yet invented a shoe for horses which could be instantly applied in "slippery weather." Meanwhile, there is a known process of roughing which enables the animal to obtain a foothold on the smooth surface, and prevents many an, otherwise certain, fall. The adoption of this expedient ought to be enforced, particularly upon the proprietors of omnibuses and cabs. It is little short of cruelty to drive horses over wood pavements, and even macadamised roads, this weather, without having them rough-shod. When falls are avoided it is only by inciting and compelling the animals to strain themselves in a manner which cannot fail to cause pain and distress. If there is no public regulation empowering constables to interfere in this matter, one with the object indicated should be issued without delay.

## HYGIENE AFLOAT.

MR. JUSTICE LOPES, at the last Liverpool Assize, fined the master of a ship nine guineas and costs for supplying his seamen with water "bad in quality and unfit for use." This action was brought under the 22nd section of the Merchant Shipping Act, 1854, and from the evidence given it appeared that the water, as originally provided, was good, but was contaminated by being put into a tank or tanks that had been repaired with white lead, so that the plaintiff became "severely affected," probably with colic.

IT appears at the present time, according to the *Metropolitan*, that no less than sixty children in the Workhouse Infirmary at Bethnal-green are suffering from contagious and infectious diseases. And in the same journal continual complaints are reported at meetings of boards of guardians as to the way in which the ambulance work is performed,

indicating, as we have many times remarked, that the duty of removing, at all events, fever and small-pox cases to the several special hospitals should be undertaken systematically by the Metropolitan Asylums Board, power, of course, being given to the latter to charge the respective authorities for the work done.

DR. ALFRED GODRICH, medical officer to one of the districts of St. George's, Hanover-square, has resigned his post on account of ill-health, having held it for nearly fifty years.

# Analytical Records.

### PEPTOCOLOS, OR COMPOUND PEPSINE WINE.

(JOHN RICHARDSON AND CO., FRIAR-LANE, LEICESTER.)

This preparation is described as "simply pepsine wine, to which are added the other natural elements in the process of digestion, such as pancreatine, diastase, lactic and hydrochloric acid, &c." The idea is a good one, and all who believe in the value of pepsine wine will think the remedy improved by such an admixture.

### PARKER'S PAPER-FIBRE LINT.

(BURROUGHS AND CO., GREAT RUSSELL-STREET, W.C.)

A very soft and highly-absorbent paper-lint. It is remarkably pure cellulin, takes up ointments and liniments well, and is of course much cheaper than ordinary lint. Its only fault is that when wet it is brittle, like wet blotting-paper, and we think that even this fault might be overcome by backing it with some stronger fabric.

### SPARKLING AVALON.

(KELLY AND GREEN, SALISBURY-STREET, STRAND.)

This excellent champagne-like cider is prepared in Devonshire by wine-makers experienced in the manufacture of champagne. We have analysed it with care, and find it of moderate though quite sufficient alcoholic strength and flavour. It may well be used as a substitute for expensive wines.

### BUCELLAS HOCK.

(SANDEMAN AND CO., ST. SWITHIN'S-LANE, E.C.)

A good sound wine of full body and flavour. It has a somewhat high alcoholic strength for an unfortified wine, and is a little sweeter than most wines of the class. In the sample we examined we found a trifle over one per cent. of glucose.

### EMP. BELLADON. LIQ.

(BROWN BROTHERS AND CO., TRONGATE, GLASGOW.)

Two or three coatings of the liquid are to be painted on the part, which is then to be covered with cotton-wool or gutta-percha tissue. The preparation appears excellent, and is likely to be largely used.

### VALENTINE'S PREPARATION OF MEAT JUICE.

(CORBYN, STACEY, AND CO., HIGH HOLBORN.)

Not only is the flavour of the meat admirably preserved, but the albumen of the juice is retained in perfect solution, as is proved by the ease with which it coagulates on boiling or mixture with dilute nitric acid. The preparation is, therefore, most valuable both as stimulant and food, and we have no hesitation in recommending it highly.

### MALTINE.

(THE MALTINE MANUFACTURING COMPANY, LIMITED, GREAT RUSSELL-STREET, LONDON.)

From a report by Professor Attfield, which has been forwarded to us, it appears that this is an aqueous extract of malted wheat, oats, and barley. It is semi-solid in consistence, and agreeable in flavour. That it is genuine is proved by the fact, which we have tested by experiment, that it is capable of converting starch into sugar.

### EXTRACT OF MALT, DIETETIC AND NUTRITIVE.

(GODFREY AND CODKE, 30, CONDUIT-STREET.)

Another preparation, somewhat similar to the last, but sweeter. It rapidly converts starch into sugar, which proves that it contains diastase, the active principle of malt in an available form.

### CARR AND CO.'S LIME-FRUIT-JUICE BISCUITS.

(CARR AND CO., CARLISLE.)

Carefully prepared biscuits, containing a large quantity of the evaporated juice of the lime fruit. It requires no analysis to prove this, as the intense smell and taste cannot be mistaken. The biscuits will be very valuable for anti-scorbutic purposes, and are by no means unpleasant.

### WYETH'S SACCHARATED PEPSINE (PEPSINA PORCI).

(S. M. BURROUGHS AND CO., LONDON.)

A concentrated preparation of pepsine, containing the digestive principle in a very active form. We have tried it upon coagulated white of egg, and find that when slightly acidulated it dissolves a large quantity of the albumen at 100° F. It may, therefore, be employed with confidence.

### IMPERMEABLE OPIUM POULTICE.

(J. B. BARNES, TREVOR TERRACE, PRINCE'S-GATE.)

This consists of a strong and antiseptic preparation of opium applied to an impervious and sufficiently elastic backing. It will doubtless retain its activity for a long time, and will be found convenient for use as well as trustworthy in operation.

# Obituary.

### ROBERT WILLIAM TIBBITS, M.B., M.R.C.S. ENG.

WE made on the 30th ult. the bare announcement of the death of Mr. Tibbits. But we cannot forbear an expression of regret that so able and promising a surgeon as Mr. Tibbits was should have been removed at the early age of thirty-six. Promising is not indeed quite the word to apply to him; for it was impossible to accompany him even in a casual walk through his wards in the Bristol Royal Infirmary, of which he was surgeon, without feeling that he was a most accomplished surgeon, bringing to the treatment of the most difficult cases a rare amount of personal skill and judgment, as well as all the advantages in surgical procedure and hygiene which add so much to the efficiency and repute of surgery. Mr. Tibbits was a devout believer in antisepticism, and applied the doctrine with minute care to his cases. He was also President of the Bristol Microscopical Society, and Lecturer in Surgery in the Bristol School of Medicine.

### THOMAS LITTLETON, M.B. LOND., F.R.C.S.

DR. LITTLETON, who died of phthisis on the 2nd inst. at Plymouth, was one of our ablest and most energetic medical officers of health, and there can be no doubt that the hard work which such a post entails in a crowded town like Plymouth materially hastened his end. Dr. Littleton was admitted a member of the Royal College of Surgeons in 1847, and at once entered the navy. After serving through the Crimean war, he retired from the public service, and joined his father in practice at Saltash. A vacancy occurring in the medical staff of the Plymouth Public Dispensary, Dr. Littleton was appointed to fill it, and so he left Saltash for Plymouth, where he had resided ever since. He was appointed the first medical officer of health for that borough, and carried out its duties with zeal and fidelity. His literary and scientific attainments were very considerable, and his loss will be severely felt, not only by his immediate friends, but by the more intelligent section of the community, by whom his official services were highly valued.

VACCINATION GRANT.—Mr. W. Thomas Drew has received a vaccination grant of £18 5s. (third time) as public vaccinator of the Egham district of the Windsor Union.

# Medical News.

UNIVERSITY OF CAMBRIDGE.—The following gentlemen have been successful at the Second Examination for the degree of M.B.:—

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| Browne, O. A., B.A., Trinity. | Fuller, H. K., B.A., St. John's. |
| Brunton, B.A., St. John's. | Holthouse, B.A., Trinity. |
| Bullar, J. F., B.A., Trinity. | McAlister, B.A., St. John's. |
| Colman, B.A., Corpus. | Nichols, J. P., B.A., St. Catherine's. |
| Coxwell, B.A., Christ's. | Wolfenden, B.A., Christ's. |

The following gentlemen have passed the Third Examination for the degree of M.B.:—

PART I.

Black, B.A., Caius and St. Thomas's Hospital.
Collingridge, B.A., Christ's and St. Bartholomew's Hospital.
Fowler, J. K., Caius and King's College Hospital.
McLaren, B.A., St. John's and Edinburgh.
Norman, B.A., Downing and St. Bartholomew's Hospital.
Prickett, M.A., Trinity and St. Bartholomew's Hospital.
Stevenson, Downing and St. Bartholomew's Hospital.
Stanley Taylor, B.A., Pembroke and Guy's Hospital.
Waldo, M.A., St. John's and St. Bartholomew's Hospital.

PART II.

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| Black, B.A., Caius. | Prickett, M.A., Trinity. |
| Collingridge, B.A., Christ's. | Stevenson, Downing. |
| Fowler, Caius. | Stanley Taylor, B.A., Pembroke. |
| McLaren, St. John's. | |

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 19th:—

Alban, Evan, Aberayron, Cardiganshire.
Atkey, William Thomas, Chichester.
Baldwin, Fredk. Benj. Judge, Merrick-square, Southwark.
Batty, William Eton Latham, Park-grove, Birkenhead.
Leighton, Andrew William, Totteridge, Herts.
Shapley, Frank, Torquay.
Vlieland, Charles James, Burdett-road.
Webb, William Wilfrid, Tavistock-place.
Weed, Theodore Arthur, Guilford-street, Russell-square.
Wolfe, James Lovett de, Long-acre.

The following gentlemen on the same day passed the Primary Professional Examination:—

William Parkinson Bothamley, Guy's Hospital; Edward Russell Cree, Middlesex Hospital; William Arthur Parebrother and Thomas G. James Moore, Charing-cross Hospital; Herbert Flower Parsons, St. Mary's Hospital.

UNIVERSITY OF DUBLIN.—The following degrees were conferred on the 18th inst.:—

BACHELOR IN MEDICINE.—Fausset M. Baker, Wm. Deane Freeman, Robert Charles Gage, Charles O'Grady Gubbins, Henry Love, Thos. Tilly Moore, Edmund Myles, Henry Walker Murray, Ashley John Westby, John Robert Yourdi.

DOCTOR IN MEDICINE.—Abraham Colles, Francis Pierce, Patrick Hy. White.

BACHELOR IN SURGERY.—Arthur James Campbell, William Deane Freeman, Joseph Gibson, Chas. O'Grady Gubbins, Reynolds Peyton Hetherington, Edmund Myles, Ashley John Westby, John Robert Yourdi.

MASTER IN SURGERY.—Fausset M. Baker, Robert Charles Gage, Ashley John Westby.

THE large number of 2133 deaths were registered in London last week; and although 137 of the total were represented by the remainder of the 528 cases of drowning by the catastrophe to the *Princess Alice*, yet the mortality, exclusive of those, stood at the high rate of 29·1 per thousand. The deaths referred to small-pox were 14 in number; to measles 43; to scarlet fever 55; to diphtheria 18; to whooping-cough 50; to different forms of fever 23; to diarrhœa 14; and to diseases of the respiratory organs 650.

CORONER'S FEES.—A meeting of coroners was recently held at Kilkenny to organise a change in the system of payment by fees, which they consider unjust, and to substitute for that arrangement a fixed annual salary.

DONATIONS ETC. TO MEDICAL CHARITIES.—The Corporation of the City of London have given £105 to the Hospital for Women. Mr. Richard Thornton West, of Streatham Hall, near Exeter, bequeathed £500 each to the Seamen's Hospital, the Devon and Exeter Hospital, the Exeter Dispensary, and the West of England Infirmary for Diseases of the Eye. Mr. William Cumming, of Greenback, Partick, bequeathed £4000 to the Royal Infirmary, £2000 to the Western Infirmary, and £1300 to the Convalescent Home, all at Glasgow; and £1300 to the Dunoon Seaside Homes. "T. D. E." has given £140 to the New Hospital Building Fund of the Chelsea Hospital for Women.

PRESENTATION.—On the 12th inst. the members of Court 5407 Ancient Order of Foresters presented their treasurer, Mr. H. R. Myers, surgeon, 30, Euston-square, with a testimonial, in the shape of a gold locket, as a mark of esteem and acknowledgment of the interest he has shown, both as surgeon and treasurer, in the Court since its commencement.

## BOOKS ETC. RECEIVED.

T. T. Whipham on Specialism in the Medical Profession.
T. Pridgin Teale on Dangers to Health.
Dr. Burggraeve: Exposé de la Doctrine Médicale dite Dosimétrique.
Dr. T. B. Curtis: A Case of Hydrophobia.
T. Bryant: A Manual of the Practice of Surgery. Vols. I. and II.
A. Fournier: La Syphilis du Cerveau.
Rev. A. Wallace, D.D.: Our Poll.
Dr. B. W. Richardson, F.R.S.: Dialogues on Drink.
R. H. Inglis Palgrave: The Bank Shareholder's Liabilities.
Dr. J. Byrne: A Case of Acute Puerperal Inversion of the Uterus.
Dr. Morell Mackenzie on Diphtheria.
T. Dufimau: A Glossary of Biological, Anatomical, and Physiological Terms.
Dr. J. M. Duncan: Papers on the Female Perineum.
The Year-book of Pharmacy. 1878.
Letts's Diaries for 1879.
The Science of Life.
T. Christy: New Commercial Plants. No. II.
Customs Gazette. Eleven Parts.
Handbook of Nursing.
Dr. A. W. Edis: Counter Seats for Shopwomen.
W. Carter on Renal and Urinary Diseases.
Dr. Dobell on Loss of Weight, Blood-spitting, and Lun Disease.
E. Seguin: A Record of Medical Observation.
A Man's Adventure.
Bayley's Chemists' Pocket-book.
The Sunday Magazine. January.
Good Words. January.
Christmas Number of the Masonic Magazine.
The Gentleman's Magazine. January.

# Medical Appointments.

ALFORD, H. J., M.D., has been appointed Medical Officer to the Taunton College Schools.

ALSTON, J. M., M.D., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of New Monkland, Lanarkshire, vice Paterson, deceased.

BIRT, K., L.R.C.P.L., M.R.C.S.E., has been appointed Second Assistant Medical Officer to the West Riding Lunatic Asylum, Wakefield.

CAMERON, A., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the Caistor No. 1 District and the Workhouse of the Caistor Union, vice Mackintosh, deceased.

CLARKE, H. J., M.B., C.M., M.R.C.S.E., has been appointed House-Surgeon to the Glasgow Royal Infirmary.

COOMBS, S. W., L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.L., has been appointed Medical Officer for the No. 1 District of the Worcester Union, vice Buck, whose appointment has expired.

CROSS, F. R., F.R.C.S.E., has been appointed Medical Officer to the Bristol Police, vice Tibbits, deceased.

DUNN, F., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Stafford-road Works Club, Wolverhampton, vice McMunn, resigned.

FLANNERY, J. G., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Tobercurry Dispensary District of the Tobercurry Union, co. Sligo, vice Massey, deceased.

FOX, D., F.R.C.S.Ed., has been appointed Surgeon to the Manchester Southern Hospital.

GOVER, R. M., M.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed an Inspector of Prisons.

GRIFFITHS, Mr. H. T., has been appointed a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton, vice Cowburn, whose appointment has expired.

GUY, J. R., M.B., C.M., has been appointed Physician's Assistant to the Bristol General Hospital, vice Stewart, resigned.

HAMILTON, W., M.B., has been appointed Medical Attendant to the Royal Irish Constabulary, Drumahair, co. Leitrim, vice Molony, resigned.

HARRIS, V. D., M.D., M.R.C.P., has been appointed Casualty Physician at St. Bartholomew's Hospital, vice Dr. Legg, appointed Assistant-Physician.

HIME, T. W., M.D., has been appointed Medical Officer of Health for the Sheffield Urban Sanitary District, at £300 per annum, without restriction from private practice, vice Griffiths, whose appointment has expired.

KENNEDY, D. M., M.D., L.R.C.S.Ed., has been appointed Assistant Medical Officer for the No. 1 District of the Ladies' Charity and Lying-in Hospital, Liverpool, vice Edis, transferred to No. 7 District.

LOW, F. H., M.B., C.M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Thames Ditton District of the Kingston Union, vice Vipan, resigned.

MACAULAY, Æneas, L.F.P.S.G., has been appointed Medical Officer to the Pontefract Union Workhouse, vice Simpson, resigned.

MCDONNELL, J., L.R.C.P.Ed., has been appointed Medical Officer to the Tobercurry Workhouse and Fever Hospital, vice Massey, deceased.

MACKINLAY, J. G., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant-Surgeon to the Royal South London Ophthalmic Hospital.

MASTER, G. R., M.R.C.S.E., has been appointed Assistant-Surgeon to the Jenny Lind Infirmary for Sick Children, Norwich.

MITCHELL, Mr. H. B., has been appointed Resident Dispenser to the Norfolk and Norwich Free and Provident Dispensary, vice Doyle, appointed a Medical Officer.

MURRAY, P. M., M.D., has been appointed Consulting Physician to the Crichton Royal Institution, Dumfries, vice Borthwick, deceased.

NICHOLSON, J. F., M.B., M.R.C.S.E., has been appointed Consulting Physician to the Hull General Infirmary, vice Sir H. Cooper, M.D., resigned.

OUTHWAITE, W., M.R.C.S.E., L.S.A.L., has been appointed Assistant Resident Medical Officer to the Lancashire Lunatic Asylum, near Prescot.

PAGE, E. S., L.F.P.S.G. & L.M., L.S.A.L., has been reappointed Medical Officer to the Solihull Union Infirmary for Infectious and Contagious Diseases, at £100 for one year.

PATERSON, R. H., L.R.C.P.Ed., has been reappointed Medical Officer of Health for the Gainsborough Rural Sanitary District, at £100 for one year.

RICHARDSON, Dr. R. I., has been appointed Assistant-Physician to the Stanley Hospital, Liverpool, vice Barr, appointed a Physician.

SHARPE, G. M., L.F.P.S.G., L.S.A.L., has been appointed Medical Officer to the Farnley Iron Company, New Farnley, near Leeds, vice Coleman, resigned.

STEEL, S. H., M.B., M.R.C.S.E., has been reappointed Medical Officer of Health for the Abergavenny Urban Sanitary District, at £60 per annum.

SUTTON, F. F., M.D., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for Streatham, Balham, and Tooting.

SWORDER, R., M.R.C.S., L.R.C.P., L.S.A.L., has been appointed Medical Officer of Health for Luton.

WAGSTAFFE, T. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Great Grimsby Amalgamated Friendly Societies Medical Association, vice Brocklesby, whose appointment has expired.

WHITLOCK, J. E. N., L.R.C.P.Ed. & L.M., L.F.P.S.G., has been appointed Medical Officer for the No. 7 or Ashdon District of the Saffron Walden Union, vice Ireland, deceased.

WHITMORE, J., M.D., Medical Officer of Health and Public Analyst for the Parish of St. Marylebone, has been appointed Public Analyst for the Borough of Maldon, Essex.

WRIGHT, E. A., M.B., C.M., has been appointed Medical Officer for the Huddersfield South District of the Huddersfield Union, vice Irving, resigned.

# Births, Marriages, and Deaths.

## BIRTHS.

BASTIAN.—On the 22nd inst., at Drayton-green, Castle-hill, the wife of H. Charlton Bastian, M.D., of a daughter.

ELLIOT.—On the 19th inst., at Cliffe House, Ruyton of the Eleven Towns, Salop, the wife of Dr. Henry F. Elliot, of a daughter.

FOX.—On the 22nd inst., at Great Baddow, Essex, the wife of Dr. Cornelius B. Fox, Medical Officer of Health for East, Central, and South Essex, of a daughter.

HUNTER.—On the 20th inst., at Rothesay, the wife of William Hunter, M.D., of a daughter.

JONES.—On the 18th inst., at Chapel-street, Belgrave-square, the wife of Thomas Ridge Jones, M.D., of a daughter.

MEIKLE.—On the 17th inst., at Strathearn, Crieff, the wife of Thomas Henry Meikle, M.D., of a son.

WALLACE.—On the 22nd inst., at Low House, Cleckheaton, Yorks, Mrs. Wallace, wife of Edward J. Wallace, M.D., of a son.

## MARRIAGES.

BROOKHOUSE—ORPE.—On the 19th inst., at Alton Church, Staffordshire, Charles Turing Brookhouse, M.D., of Manor-road, Newcross, and High-street, Deptford, to Martha, third daughter of the late John Orpe, Esq., of Birchwood. No cards.

CURTIS—CALLAWAY.—On the 19th inst., at St. Jude's, Southsea, Collins Curtis, M.R.C.S.E., to Ellen, daughter of the late George A. Callaway, Esq.

## DEATHS.

BROWNING.—On the 20th inst., at Kildare-gardens, George Browning, M.D., aged 64.

DASSAUVILLE.—On the 14th inst., at Thun, Switzerland, William Alston Dassauville, M.D., Deputy Inspector-General of Hospitals (on the Retired List), aged 71.

DUNCALFE.—On the 15th inst., at Walcott, Salop, George H. Duncalfe, M.R.C.S.E., aged 75.

KEENAN.—On the 20th inst., at Haslar Hospital, Constantine Keenan, L.R.C.S.Ed., Fleet Surgeon.

NICHOLS.—On the 22nd inst., at his residence, Surrey-street, Norwich, W. P. Nichols, Esq., F.R.C.S., aged 77.

PENN.—On the 3rd October, at sea, on the voyage from Calcutta to Trinidad, William Cecil Penn, M.R.C.S.E. Surgeon in Her Majesty's Emigration Service, aged 41.

STAFFORD.—On the 18th inst., at Suir-Ville, co. Tipperary, Pierse Barron Stafford, M.R.C.S.E., aged 44.

THOMSON.—On the 18th inst., at Albany-place, Plymouth, Mitchel Thomson, Fleet Surgeon (on the Retired List), aged 74.

WILLS.—On the 23rd inst., at Commercial-road, Landport, Douglas Wills, M.D.

***N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages and Deaths.***

# CONTRIBUTORS TO THE LANCET FOR 1879.

## SUPPLEMENTAL LIST.

Dr. W. H. AXFORD, Southsea.

Dr. W. H. BROADBENT, Senior Physician to the London Fever Hospital; Physician to St. Mary's Hospital.

Mr. L. BROWNE, London.

Mr. C. DANIEL, Epsom.

Mr. W. M. DAVIES, Surgeon to the Huntingdon County Hospital Medical Officer to the Huntingdon Workhouse.

Mr. C. FAGGE, Hythe.

Mr. H. GREENWAY, Plymouth.

Dr. HASSALL, San Remo.

Mr. J. W. HAWARD, Assistant-Surgeon to St. George's Hospital; Assistant-Surgeon to the Hospital for Sick Children, Great Ormond-street.

Dr. J. D. HEATON, Senior Physician to the Leeds General Infirmary; Consulting Physician to the Leeds Hospital for Women and Children.

Dr. H. S. HOUNSELL, Physician to the Torquay Consumption Hospital.

Mr. J. HUTCHINSON, Senior Surgeon to the London Hospital; Senior Surgeon to the Hospital for Diseases of the Skin; Surgeon to the Royal London Ophthalmic Hospital.

Dr. C. F. HUTCHINSON, District Medical Officer to the Bridlington Union.

Dr. D. JOHNSTON, Belfast.

Mr. R. LEIGH, Honorary Assistant Medical Officer to the Ladies' Charity and Lying-in Hospital, and to St. George's Hospital for Skin Diseases.

Dr. W. LOMAS, Physician to the Seaside Convalescent Hospital, Seaford.

Dr. W. A. M'KEOWN, Surgeon to the Ulster Eye, Ear, and Throat Hospital, Belfast.

Mr. R. MASON, House-Surgeon to the Seamen's Infirmary, Ramsgate.

Sir WM. MILLER, Surgeon to the County Derry Infirmary; Medical Officer to the County Derry Gaol; Physician to the City of Derry Fever Hospital.

Mr. C. E. MONRO, Surgeon to the Montgomeryshire Infirmary.

Dr. W. PIRRIE, Professor of Surgery in the University of Aberdeen; Senior Surgeon to the Aberdeen Royal Infirmary; Regius Professor of Surgery, Marischal College; Surgeon in Scotland to H.R.H. the Prince of Wales.

Mr. R. MASON POOLEY, Rochdale.

Dr. J. ROSS, Honorary Physician to the Manchester Southern Hospital for Diseases of Women and Children.

Dr. S. SLOAN, Assistant Physician-Accoucheur to the Glasgow Maternity Hospital.

Mr. J. SMITH, Surgeon to the Royal Surrey County Hospital.

Mr. W. J. SMITH, Surgeon to the Seamen's Hospital, Greenwich; House-Surgeon to King's College Hospital.

Sir C. WYVILLE THOMSON, Edinburgh.

Dr. T. TROLLOPE, Physician to the East Sussex Infirmary.

Mr. JOHN TWEEDY, F.R.C.S., Assistant-Surgeon to the Moorfields Ophthalmic Hospital.

Dr. P. TYTLER, Manchester.

Mr. J. B. UNWIN, Honorary Surgeon to the Royal Albert Edward Infirmary and Dispensary, Wigan.

Dr. C. T. VACHELL, Medical Officer to the Glamorgan and Monmouth Infirmary; Assistant-Surgeon to the 3rd Glamorganshire Artillery Volunteers.

Dr. J. WALLACE, Obstetric Physician to the Royal Infirmary; Hon. Assistant Medical Officer to the Ladies' Charity and Lying-in Hospital, Liverpool.

Mr. G. E. WALKER, Surgeon to St. Paul's Eye and Ear Hospital.

Dr. T. J. WALKER, Surgeon to the Peterborough Infirmary and Dispensary.

Mr. J. L. WILLIAMS, Medical Officer to the Wrexham Union District; Honorary Surgeon to the Wrexham Infirmary.

Dr. L. K. YELF, District Surgeon to the Great Western Railway; Medical Officer to the Moreton District, Shipton-on-Stour Union; Surgeon to the Moreton Cottage Hospital.

M. ABADI, Oculist.

Dr. BRUNO, Professor of Clinical Surgery in the University of Turin.

Dr. CONCATO, Professor of Clinical Medicine in the University of Turin.

M. DELENS, Surgeon to Ménilmontant Hospital; Agrégé of Faculty.
M. DUJARDIN-BEAUMETER, Physician to St. Antoine Hospital (Therapeutics).
M. FERRIER, Surgeon to Salpêtrière; Agrégé of Faculty.
M. FOURNIER, Physician to St. Louis Hospital; Agrégé of Faculty (Syphilis).
M. MAREY, Professor of Physiology in the Collége de France.
Dr. COSTANZO MAZZONI, Professor of Clinical Surgery in the University of Rome.
M. NICAISE, Surgeon to Bicêtre; Agrégé of Faculty.
Dr. NOTHNAGEL, Jena.
Dr. GIACINTO PACCHIOTTI, Professor of Pathology and Clinical Surgery in the University of Turin.
M. TERRILLOY, Surgeon to the Paris Hospitals; Agrégé of the Faculty.
Prof. THIERSCH, Leipzig.

# Notes, Short Comments, and Answers to Correspondents.

*Mr. T. Woods.*—It is not necessary for a registered medical practitioner to register under the Dental Practitioners Act, although he may elect to practise as a dentist.

THE paper of *Mr. H. A. Wickers* will be inserted in an early number.

## THE DIFFICULTIES OF A UNION MEDICAL OFFICER.

*To the Editor of* THE LANCET.

SIR,—As I consider that I have been unjustly persecuted by the guardians of the St. George's Union, Westminster, ever since I have held the appointment of medical officer, and all my actions misconstrued and placed in the most invidious and unfavourable light, I appeal to you, as the highest medical authority, to express your opinion on the several matters placed before you.

My disagreement with the guardians is solely due to my continually recommending medical extras (not stimulants), which the poor in my district were unable to procure for themselves. The Local Government Board, in requiring me to send in my resignation, does not impeach my professional abilities, but limits itself to questioning the propriety of the course I have adopted in giving recommendations for such extras, and using my best endeavours to secure their being supplied. The two districts I held were probably the poorest in the metropolis; and as I believe that a proper supply of food is an absolute necessity in the treatment of the sick poor, so I contend that the medical officer should be the judge of what is required by such sick, and that the relieving officers should be compelled to comply with his recommendations. Surely an educated medical man is better able to form an opinion on such matters than a relieving officer. I further hold that a medical officer is bound to do his duty to the poor patients, and surely he cannot do that if his recommendations are studiously disregarded. This has been my case ever since my appointment. Had I strictly carried out my duties in accordance with the wishes of the Board, and had not tried to insist on the relieving officers complying with my recommendations, I should have had to answer to my conscience and to a higher tribunal in a number of cases where I have conscientiously striven to perform my duty, but I should have retained my office.

In conclusion, Sir, I had always thought that the Local Government Board existed mainly for the purpose of checking the harsh administration of the law. Their action in my case shows that it can be the willing accomplice of the St. George's Board in their cruel and ill-advised effort to crush out pauperism in this union.

I remain, Sir, your obedient servant,
GEO. FENTON.

Great Smith-street, Westminster, Dec. 21st, 1878.

*A copy of Mr. Fenton's resignation, sent to the Guardians of St. George's Union, dated December 16th, 1878.*

GENTLEMEN,—Inasmuch as I find that it is impossible to coincide with you with regard to the administration of diet and out-door relief for the sick poor of the districts under my care, and you refuse me the power of urging the necessity upon the relieving officers for my recommendations being complied with in cases deemed by me essential for the preservation of the lives of the patients, but practically take all power out of my hands, and place it in those of the relieving officers, I feel that I cannot longer incur the responsibility this course of action involves, and therefore feel it incumbent on me to resign my position as medical officer of E and F districts of St. George's Union, which I hope you will accept. Be kind enough to inform me when you have made arrangements to comply with the above request.

I remain, Gentlemen, faithfully yours,
GEO. FENTON.

## IODOFORM.

*To the Editor of* THE LANCET.

SIR,—It would, I believe, be advantageous if some of your readers would give the profession a succinct account of the "Uses and Application of Iodoform." We repeatedly find it recommended for ulcers, chancres, uterine diseases, &c., but never meet with explicit directions for its external use or internal administration.—Yours truly,

M.D.

*Dr. Latham.*—We are obliged for the communication of our esteemed correspondent, with whom this journal has been in cordial relations since its establishment in 1823.

*Dr. Day* is thanked. The notes were received, but overlooked.

## ARMY MEDICAL DEPARTMENT.

*To the Editor of* THE LANCET.

SIR,—There is much in the letter of "Dum Spiro Spero," in your issue of the 14th inst., worthy of consideration; but I doubt if his scheme is practicable or even desirable.

It is, according to my experience, an altogether groundless complaint on the part of commanding officers that under the new system medical officers do not know their men. This knowledge, in my opinion, never had the importance which some people would attach to it, and, as a matter of fact, since the introduction of short service in the army, and the constant changes resulting from this and the new organisation, even regimental officers do not know their men as they were known when long service obtained. A few days ago I asked the captain of a company how many of his men he knew by name, and he replied, "Six"! Under these circumstances, how many constitutions (these are what doctors are supposed to know) in a regiment would a regimental surgeon be acquainted with? For all practical purposes the medical history sheet furnishes the required information, and I do not see that any further medical history is required.

But let us suppose a medical officer attached to a regiment on home service. His period of attachment could only last until his turn for foreign service came round (for we may be assured that any arrangement whereby a fair and honest roster for foreign service would be prejudiced will never again be tolerated), and this, according to the time that had elapsed after his arrival at home before being appointed, would vary from one to four years—say an average of two years only. Would it not, therefore, be better to carry out what the station hospital system contemplates—that medical officers should be attached to stations during their whole tour of home service?

There is a modification of the present system I have for some time thought might be introduced at large station hospitals with benefit to medical officers, and which might assuage the discontent of commanding officers: Instead of having a staff of medical officers at the hospital and another in barracks, I would have only one—the senior in charge—attached to the hospital; the rest I would have attached to barracks to do sanitary duties, see prisoners and the sick in the morning, and afterwards attend the sick in the hospital; or, otherwise, I would attach the whole of them to the station hospital, and allot to them each certain barracks for sanitary duties, and attendance on the sick coming from their barracks. This would give all the medical officers a share of sanitary and medical duty, and those with military proclivities an opportunity for gratifying their taste. The responsibility of the whole hospital, as at present, would remain with the officer in charge.

The main difference between what I here propose and the scheme of your correspondent would be, that, while he would attach medical officers to certain regiments and move them with the regiments, I would attach them to certain barracks or the hospital, and make them stationary.

But whatever modification, if any, may be adopted, there should be but one opinion that a return in any degree to the regimental system would not only be disadvantageous to the medical department, but to the service at large. If the station hospital system has worked well (and it has worked well, whatever may be said to the contrary) in the face of an organised opposition, we may be confident the whole scheme will be a great success when sentimental prejudices shall have passed away.

I would fully endorse the opinion of "Dum Spiro Spero," that the medical department is by no means so disorganised as it is the fashion with some to report it; indeed, I know it to be unanimous in its determination to maintain its independence.

I remain, Sir, yours truly,
December 16th, 1878. NIL DESPERANDUM.

*M.D.*—The letter should be signed, as it challenges criticism.

*Dr. Wright.*—Yes, shortly.

## FEVER AND CELLAR DWELLINGS IN BELGRAVIA.

*To the Editor of* THE LANCET.

SIR,—Will you kindly allow me to state, in reference to your article under this heading in your last number, that the room in which a child died from enteric fever in this parish on Dec. 11th was not a "cellar" in the proper sense of the term, but an underground room, with good through ventilation, a large window, and ample area. It had no connexion with the sewer, and I would not at all mind sleeping in it myself. If underground rooms were to be condemned as sleeping-rooms, the medical officers of health of the West-end of London would indeed have a serious task added to their duties. The statement, quoted quite correctly by you from the Registrar-General's Weekly Report, was prefaced (as I see from the certificate lying before me) by the words, "The woman who attended her says"; and I think you will agree with me that it is a pity that those few words were not quoted in that report.

Your obedient servant,
W. H. CORFIELD, M.A., M.D. Oxon.,
Medical Officer of Health for St. George's, Hanover-square.

Bolton-row, W., Dec. 25th, 1878.

OWING to the great pressure on our space, we are compelled to leave many communications unconsidered until next week.

## DIPHTHERIA AT THE PRINCESS MARY'S HOMES.

*To the Editor of* THE LANCET.

SIR,—In your report on the outbreak of diphtheria at the Princess Mary's Homes, at Addlestone, you do not, I think, do justice to the skill and care evinced by Dr. Sealy and the nurses in treating forty-seven cases, in a population of about 300 persons, without a single death—a success which must not only excite the envy, but the interest, of most medical practitioners who have had to deal with the disease in private practice. I was on a visit to my friend Dr. Sealy at the time of the outbreak, and I saw the first case, and later on ten or dozen other cases, and in all of them the symptoms were most pronounced, the diphtheritic exudation covering the tonsils and fances being quite membranous in character, and presenting in all cases a uniformity of appearance which is rarely seen in diphtheria. The treatment consisted throughout, I believe, in the administration of large doses of tincture of iron, chlorate of potash, and spirits of chloroform; no local applications being used except a gargle of weak Condy's fluid. Good liquid food was given, and when there was much depression of strength moderate doses of port wine were administered. The nursing was perfect. I am disposed to think that much of the success attending the treatment, and the limitation of the spread of the disease, were due to the energy of an intelligent nurse, who went through the homes and examined the children daily, whether they complained or not, thus detecting the disease and bringing it under treatment in the infirmary at the earliest moment.

Your obedient servant,

C. R.

*** We gladly insert this, the first moiety of a voluminous epistle on the subject, though it is not our business to describe, with continuous notes of admiration, the treatment or conduct of any particular member of our cloth. The insertion of the latter half of the letter could serve no useful purpose, as—our anonymous correspondent notwithstanding—the circumstances that it details were well known to the writer of the article of (and for all practical purposes were sufficiently referred to) last week.—ED. L.

## TREATMENT OF BURNS.

*To the Editor of* THE LANCET.

SIR,—Having submitted sundry cases—the last a very serious one—of burns and scalds to the treatment by bicarbonate of soda, the following conclusions arrived at by the writer may be trusted as being reliable:—Points in its favour: (1) It is an exceedingly clean application; (2) the soothing effect is instantaneous; (3) for slight burns it is admirable. Points against its general adoption: (1) The "soda" solution requires to be ice-cold, appearing to part with its soothing quality the instant its temperature is raised, as by immersion in it, so that the relief afforded is but momentary; (2) the quantity of bicarbonate required may be enormous, according to the extent of injury inflicted, nothing short of a saturated solution being of the slightest good; (3) if the burn should necessitate an unsparing resort to cold water, it may cause the blood to congest on the internal organs; (4) the prescriber must be well assured that he selects the *bi*carbonate, the ordinary carbonate Scotch soda, washing soda, or soda of the shops, being far too irritant and caustic to be applied to a raw, highly sensitive surface.

I am, Sir, your obedient servant,

Lairs, Dec. 1878. HERBERT KIERNANDER, L.R.C.S., &c.

ERRATUM.—In describing the cubic space allotted to each child in the dormitories of the Princess Mary's Village Homes, it should have been stated as "rather more than 200 feet," instead of "somewhat less."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Broadbent, London; Dr. Brown-Séquard, Paris; Dr. Hassall, San Remo, Italy; Dr. Mahomed; Dr. Corfield; Mr. Gaul, Bloemfontain, Cape of Good Hope; Mr. Breithart, London; Mr. Clarke, Glasgow; Mr. Alexander, Liverpool; Mr. Barkett, London; Mr. Moore, Petersfield; Mr. Fenton, London; Dr. Lloyd, London; Dr. Sutton, Balham; Mr. Woods, Gillingham; Dr. Drew, Egham; Dr. J. H. Jackson; Dr. Burt, Shrewsbury; Mr. Mallan; Dr. Grabham, Leeds; Mrs. Meredith; Dr. Wright; Dr. Ross, Manchester; Mr. Westmoreland; Dr. Oxley, Rotherham; Dr. Hunt, Wolverhampton; Dr. Hutchinson, Bridlington; Dr. Redwood, Rhymney; Surgeon-General Woodworth, Washington, U.S.A.; Dr. Busteed, Brooklyn; Mr. Bradley; Mr. Currie; Dr. Day, London; Mr. Osmond; Mr. Burridge; Mr. Porter; Mr. Nichols; Mr. Higgins; Dr. Hooper, London; Mr. R. S. Smith, London; Mr. Mackey, Mooltan; M. Preterre, Paris; Dr. Williams; Dr. Cullimore; Dr. Wolfe, Glasgow; Mr. Gardner; Mr. Worsley, Preston; Dr. Ashby, Grantham; Dr. Rae, Blackburn; Mr. Kendall; Mr. Upton; Mr. Atkins; Dr. Reid, Manchester; Mr. Lister; Mr. Hudson; Mr. Eustace; Mr. King; J. C., Plymouth; Fair Play; M.D. Scot.; A Retired Master Mariner; R.; M.D., Stoke; X.; Nobody; A Subscriber; C. R.; Alpha; M.R.C.S.; A Country Practitioner; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Kirby; Mr. Bell; Dr. Wallace, Cleckheaton; Mr. Roberts; Dr. Martin; Dr. Butler, Petersfield; Mr. Griffith; Mr. Horne; Dr. Gill; Dr. Elliott; M. Caussedon, Algiers; Dr. Millman, Woodstock, Canada; M.D., Liverpool; Alpha, Leeds; F. L.; Medicus, Tamworth; Theta; Medicus, Watford; K. T.; Medicus, Wigan; S. G.; Y. Z.; Medicus.

*Western Daily Mercury, Shield, Oxford Times, Dewsbury Reporter, Cambridge Independent, Boot and Shoe Maker, Church of England Temperance Chronicle, Sunderland Daily Echo, Ballymoney Free Press, Night and Day*, &c., have been received.

# Medical Diary for the ensuing Week.

### Monday, Dec. 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS. — Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

### Tuesday, Dec. 31.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION. — 3 P.M. Professor Dewar, "On a Soap Bubble (Juvenile Lectures).

### Wednesday, Jan. 1.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN. — Operations, 2½ P.M.
EPIDEMIOLOGICAL SOCIETY. — 8½ P.M. Dr. Wm. Johnston, of Leicester, "On the Etiology of Summer Diarrhœa."

### Thursday, Jan. 2.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION. — 3 P.M. Professor Dewar, "On a Soap Bubble" (Juvenile Lectures).

### Friday, Jan. 3.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

### Saturday, Jan. 4.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Professor Dewar, "On a Soap Bubble" (Juvenile Lectures).


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